

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1813

1. PLACE OF DEATH

County... Jackson
Township... Kaw
City... Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2706 East 69th)

File No. _____
Registered No. 405
St. _____ Ward _____

2. FULL NAME James Byron Curnett

(a) Residence, No. 2706 East 69th St. 16 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Margaret Lucy Curnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Noah Curnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Jane Simms

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ill.

14. INFORMANT Margaret Lucy Curnett
(Address) 2706 E 69th St

15. FILED 1-27-29 M. M. Crow REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/26/29 19 29

17. I HEREBY CERTIFY That I attended deceased from _____
_____, 19 28, to Jan 26th 19 29
that I last saw him alive on Jan 25th 19 29, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma with
accompanying mitral
leak.
(duration) One mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Probably (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) H. G. Haworth M. D.

1/27, 1929 (Address) 2002 Prospect

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Washington DATE OF BURIAL Jan 28, 29

20. UNDERTAKER R. V. Lindsey & Sons Inc. ADDRESS K. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

