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

Do not use this space.

13878

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1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 455

Township — Primary Registration District No. — Registered No.

City St. Joseph, Mo. (No. Isolation Hospital (Sunnyslope) Ward)

2. FULL NAME Hazle McCurley

(a) Residence. No. 2403 Ceder St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 1914

7. AGE: YEARS 14 — MONTHS 9 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gentry
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER W. M. McCurley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Adeline Lane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Garfield
(STATE OR COUNTRY) Arkansas

14. INFORMANT Clarence McCurley
(Address) St. Joseph, Mo.

15. FILED APR 4 1929 19.. John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 2nd, 1929, to Apr 3, 1929 that I last saw her alive on Apr 2, 1929, and that death occurred, on the date stated above, at 4:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis - epidemic cerebro-spinal
(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture and microscopic

(Signed) Paul Forgrave, M. D.
4/4, 1929 (Address) St Joseph, Mo

*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: Ashland — DATE OF BURIAL: April 4, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

MAY 23 1929

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