

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Raymo

Registration District No. 399  
Primary Registration District No. 3 C 5

File No. 34052  
Registered No. 4505 (Ward)

**2. FULL NAME**

(a) Residence. No. 567 Stonehill Ct. St. Stonehill Court Ward. 1505  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6th 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
3 25 days

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER James P. Currygon Sr.  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage  
(STATE OR COUNTRY) Kansas  
12. MAIDEN NAME OF MOTHER Florence Neal  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Denton  
(STATE OR COUNTRY) Texas

14. INFORMANT James P. Currygon  
(Address) 567 Stonehill Ct

15. FILED 11/29 M. M. Conner  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH 31**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 31 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 19 29 to Oct 31 19 29 that I last saw h. alive on Oct 31 19 29 and that death occurred, on the date stated above, at 6:20 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Bilateral Lobar  
Pneumonia  
108

CONTRIBUTORY (SECONDARY) 108  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS typical signs  
(Signed) Joseph W. Harkless, M. D.  
" " 19 29 (Address) 915 Unyielding

\*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 Parsons Kansas DATE OF BURIAL Nov 1 1929

20. UNDERTAKER S. Sels Jones ADDRESS Parsons Kan

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.

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