

APR 30 1930

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

Do not use this space.

8515

1. PLACE OF DEATH

County Haway  
Township New Franklin  
City New Franklin

Registration District No. 380  
Primary Registration District No. 4224

File No. ....  
Registered No. 9  
St. .... Ward)

2. FULL NAME

Anna M Curran

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-12-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
51 | 7 | 22 | —

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

9. BIRTHPLACE (CITY OR TOWN) New Haven  
(STATE OR COUNTRY) Conn

10. NAME OF FATHER Miss Mary

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

12. MAIDEN NAME OF MOTHER Palmer Wood

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

14. INFORMANT Joe Curran  
(Address) New Franklin

15. FILED 3-8-30 J. Fleet  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-6 1930

17. I HEREBY CERTIFY, That I attended deceased from Dr 1829 to 8-6- 1930 that I last saw h. W alive on 3-6- 1930, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Interstitial Nephritis  
106 B  
131

(duration) .... yrs. 3 mos. .... ds.  
CONTRIBUTORY (SECONDARY) Toxic Gastric  
One year (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ..  
8 DID AN OPERATION PRECEDE DEATH. .... DATE OF ..  
WAS THERE AN AUTOPSY? ..  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. Fleet M. D.  
3-8, 1930 (Address) New Franklin

\*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. Aloysius Cem DATE OF BURIAL 3-8 1930

20. UNDERTAKER Edmund Curran ADDRESS New Franklin

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.

235  
2  
15

