

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

2886

1. PLACE OF DEATH  
 County St. Louis Registration District No. 116.0 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 442.0 Registered No. 5  
 City University City (No. 537 Purdue Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ella Curry  
 (a) Residence. No. 537 Purdue Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Andrew Jackson Curry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	80	4	22	

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

9. BIRTHPLACE (CITY OR TOWN) Owensboro, Ky  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <u>James Darwin Adams</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oldham Co. Ky</u>
12. MAIDEN NAME OF MOTHER <u>Lucy Ophelia Snyder</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oldham Co. Ky</u>

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1931 to Jan 9 1931 that I last saw h. alive on Jan 9 1931, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tumor of left kidney probably carcinoma  
538 metastatic  
574 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY Arterio Sclerosis (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 3  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? L. H. Thompson (Signed) ..... M.D.  
1/10, 1931 (Address) 703 Bonhomme St

\*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 <u>Waldella</u>	DATE OF BURIAL <u>Jan 12 1931</u>
20. UNDERTAKER <u>Wagoner Tread Co</u>	ADDRESS <u>3621 Olive</u>

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.

96  
16  
5  
FEB 25 1931

14. INFORMANT Jennie Fearn Curry, Daughter  
 (Address) 537 Purdue Ave. U. City Mo

15. FILED 1-10, 1931 Lena V. Moeller  
 REGISTRAR

1870