V. S. No. 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 27 1932

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

Do not use this space.

23992

File No.

Registered No.

1. PLACE OF DEATH

96 County St Louis — Registration District No. 790

2 Township Central — Primary Registration District No. 6033

City Clayton (No. St Louis Co Hospital St. Ward)

7

2. FULL NAME Robert Currie

(a) Residence, No. 125 Arthur Ave St., Ward. Webster Groves Mo
(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 M

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 Sarah Currie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 2 - 1870

7. AGE YEARS 62 MONTHS 1 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 2 36

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

FATHER

13. NAME John Currie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Mary McArthur

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Sarah Currie 125 Arthur Ave Webster

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 7-9- 1932

19. UNDERTAKER (ADDRESS) Louis N Bopp Kirkwood

20. FILED July 8 1932 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to July 7, 1932

I last saw him alive on 7-7, 1932 Death is said to have occurred on the date stated above, at 12.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Dilatation of Heart	7-7-32

Other contributory causes of importance:

Lobar Pneumonia	7-6-32

Name of operation appendectomy Date of 7-3-32

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H L Lincher M. D.

(Address) 2816 Sutton Maplewood Mo