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.

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

Do not use this space.

41764

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1000 ..... Registered No. 10841

City St. Louis (No. 5475 Cabanne St. ..... Ward)

2. FULL NAME Julia Curry McBride

(a) Residence No. 5475 Cabanne St., 5 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 F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1876

7. AGE YEARS 56 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) St. Louis Mo.

FATHER

13. NAME Geo. W. Curry

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

MOTHER

15. MAIDEN NAME Laura McClaren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonville Ind.

17. INFORMANT (ADDRESS) Chas. C. Curry 16 N. Hanley Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory Valhalla DATE Dec 7th 1932

19. UNDERTAKER (ADDRESS) Wagoner 3621 Olive St.

20. FILED DEC -7 1932 Max C Starkey Registrar. 12/6/32

MEDICAL CERTIFICATE OF DEATH

Found Dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from no Physician in Attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P.M. a.

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

Gun Shot Wound Stomach Self Inflicted

Date of onset

Other contributory causes of importance:

167

167 Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Suicide 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?

If so, specify .....

(Signed) J. W. Kerner, M. D.

(Address) Dep. Coroner

Kerner 2 Dec