

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.

APR 25 1934

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

Do not use this space.

10904

PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **100:1**  
City **St. Louis** (No. **City** **Ward**)

File No. ....  
Registered No. **2754** St. .... Ward)

2. FULL NAME **Norman Curley**  
(a) Residence, No. **1803** **Maney** St. **26** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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 **Norm. Curley**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 12 - 1891**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3 / 17** 19**34**  
22. I HEREBY CERTIFY, That I attended deceased from **12/30** 19**34**, to **3/17** 19**34**  
I last saw him alive on **3/17** 19**34**. Death is said to have occurred on the date stated above, at **10:25** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**42** **7** **05**

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

**Chronic myocarditis**  
**Causes of stress**  
**Strokes**  
Other contributory causes of importance:  
**4**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bank**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home**  
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) **Missouri**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **No**

13. NAME **Unknown**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **11**  
15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **11**  
17. INFORMANT **May Jay McKent** (ADDRESS) **City Ward**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew Cemetery** DATE **Mar 20** 19**34**  
19. UNDERTAKER **Goodhart & Goodhart** (ADDRESS) **2128 N. Broadway**  
20. FILED **11 14 1934** **J. J. Brebeck** Registrar.

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) **James End** M. D.  
(Address) **City Ward**

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