

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1007
City St Joseph (No. 1810 Clay street) St. Ward)

File No. 32058
Registered No. 1105

2. FULL NAME Julia Curran

(a) Residence, No. 1810 Clay street St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael L. Curran		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1847		
7. AGE	YEARS 87	MONTHS 6 (6)
	DAYS 14	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) Joliett (STATE OR COUNTRY) Illinois		
FATHER	13. NAME Patrick Torpy	
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland	
17. INFORMANT Miss Nell Curran (ADDRESS) 1810 Clay st St Joseph Mo.		
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St Joseph Mo. DATE Oct. 1 , 19 <u>34</u>		
19. UNDERTAKER H. Q. Sidenfaden (ADDRESS) St Joseph Mo.		
20. FILED John R. Bender Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 28, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **August 27, 1933**, to **Sept 26**, 1934
I last saw h. or alive on **Sept 26**, 1934. Death is said

to have occurred on the date stated above, at **3 A** m.
The principal cause of death and related causes of importance were as follows:

Dr. Myocarditis
93C
97
152
Other contributory causes of importance:
Senility -
arterioscler. gen

Name of operation **None** Date of
What test confirmed diagnosis? **Clin** Was there an autopsy? **No**

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) **Frank W. Handigan**, M. D.
(Address) **Empire Block**

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.

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

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15
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