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.

NOV 13 1934

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35276

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 35276

Township — Primary Registration District No. Mo. Methodist Hospital — Registered No. 1159

City St, Joseph Mo (No. , St. Ward)

2. FULL NAME Spencer Curry

(a) Residence, No. 216½ Francis St St., 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 Male

4. COLOR OR RACE Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 45 MONTHS Unknown DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Barber Shop — If Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mo. Methosit Hospital records

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem DATE Oct -20-34

19. UNDERTAKER (ADDRESS) B. F. Graves Funeral Home 806, South 17th St.

20. FILED 10/7 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to Oct-7-1934, 19

I last saw him alive on Oct 7, 1934. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Nephritis, chronic — About 2 yrs

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Other contributory causes of importance: Heart disease hypertensive, Arterio Sclerosis, General Myocarditis, chronic — unable to state

Name of operation none Date of

What test confirmed diagnosis? Clinical & Laboratory 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) H W Carle, M. D.

(Address) 301 Phy & Surg Bldg St Joseph Mo