CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1934

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

Do not use this space.

35279

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 1162

City: St. Joseph. (No. 3015 St. Joseph Ave. St. Ward)

2. FULL NAME Sanford M. Curry

(a) Residence, No. 3015 St. Joseph Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Emily Curry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	77	8	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 1928

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dubois Co. Ind.

FATHER

13. NAME: William C. Curry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dubois Co. Ind.

MOTHER

15. MAIDEN NAME: Cyrena ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Botatot Co. Va.

17. INFORMANT (ADDRESS): Fred J. Curry 3015 St. Joe Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora Cemetery DATE: Oct. 18, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED ..., 19... John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 16, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Oct 16, 1934

I last saw him alive on Oct 12, 1934. Death is said to have occurred on the date stated above, at 11.00 P.M.

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

	Date of onset
Chronic myocarditis	?
93C	
162	

Other contributory causes of importance: 93C

age

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical 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) Leroi Beck, M. D.

(Address) King Hill Bldg. St. Joseph Mo.