

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Clinton
Township Shoat
City Cameron (No. _____) St. _____ Ward _____

Registration District No. 204
Primary Registration District No. 3013

File No. 38874
Registered No. 55

2. FULL NAME

George W. Curry,

(a) Residence, No. West 5th. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 4 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 9 21

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

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) Philadelphia,
(STATE OR COUNTRY) Pa.

13. NAME Curry

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

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

17. INFORMANT Mrs Pearl Worner
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery
PLACE Cameron, Mo. DATE 11 - 27 - 1934

19. UNDERTAKER O. A. Moore,
(ADDRESS) Cameron, Mo.

20. FILED Nov 26 1934 D. C. Kinley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1921 to Nov 25 1934
I last saw him alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Arterio Sclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) [Signature], M. D.

(Address) Cameron, Mo.

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.

