

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

APR 26 1935

9263

1. PLACE OF DEATH

County Jackson Registration District No. 2-1-1
 Township Kennett Primary Registration District No. 2-1-1
 City Kansas City (No. N. W. Cor 9th & Ewing) St. _____ Ward _____

File No. _____

Registered No. 25002. FULL NAME Michael J Curry

(a) Residence, No. 800 Bennington 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 (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired--Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri-Pacific RR

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) Ireland

13. NAME Michael Curry

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

15. MAIDEN NAME Bridget Breen

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

17. INFORMANT Mrs. Lucie E. Carroll
 (ADDRESS) 800 Bennington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 3/22/35 19. _____

19. UNDERTAKER Quirk & Tobin Co.
 (ADDRESS) 20 West Linwood

20. FILED 3-21, 1935 M.M. Crowl, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/35, 1935

22. HEREBY CERTIFY, That I attended deceased from Dec. 17, 1935, to March 20, 1935
 I last saw him alive on 3-20, 1935 Death is said to have occurred on the date stated above, at 2 P m.

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

Acute dilatation of heart Date of onset _____

Other contributory causes of importance Chronic Myocarditis 1 yr. Arteriosclerosis

Name of operation none 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) M. Cambridge Buchanan, M. D.
 (Address) 6520 Indef. Ave.

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.

