

WHITE 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.

16934

JUN 24 1935

1. PLACE OF DEATH

County Doyle
Township Lebanon
City Lebanon (No. _____ St. _____ Ward _____)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____

2. FULL NAME Andrew W. Curry

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret J. Curry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1865

7. AGE YEARS 69 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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 35

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

13. NAME Andrew Curry

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

15. MAIDEN NAME Rebecca Moorehouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

17. INFORMANT Isabel Talligors (ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE May 8 1935

19. UNDERTAKER Palmer (ADDRESS) Lebanon

20. FILED 577'35 1935 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-24 1935, to 5-6 1935

I last saw him alive on 5-6 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Cerebral Apoplexy Date of onset 4-4-35

Other contributory causes of importance: 82

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 _____ 1935

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) E. A. Salomon & C. Christophers
(Address) Lebanon Mo

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