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.

FEB 20 1936

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

Do not use this space.

1499

File No. 6-7-63

Registered No. 565

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399

Township ~~Blue~~ — Primary Registration District No. 1002

City Kansas City (No. Leeds Tuberculosis Hospital St. Ward)

**2. FULL NAME** Anita Curry

(a) Residence, No. 3933 Paseo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1913

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 2 | 19 | |

OCCUPATION

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

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) (STATE OR COUNTRY) Texas

FATHER

13. NAME James J. Curry

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

MOTHER

15. MAIDEN NAME Cora Cleft

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

17. INFORMANT Miss Fay Curry
(ADDRESS) 3933 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan 24 1936

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

20. FILED 1/23 1936 M. M. Crowe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Jan 22, 1936

I last saw her alive on Jan 22, 1936. Death is said to have occurred on the date stated above, at 2 — m.

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

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| tuberculous enteritis | |

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Sputum 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) J. H. Hoffman, M. D.
(Address) K. C. T. B. Hospital
Leeds, Mo.

L. J. S. [illegible] arg [illegible]

2:30 - 5 P.M.