

MAR 19 1936

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

Do not use this space.

5606

## 1. PLACE OF DEATH

County Henry  
Township  
City Montrose Mo.

Registration District No. 352  
Primary Registration District No. 4209

File No. ....  
Registered No. 5  
St. .... Ward)

## 2. FULL NAME

Clarence Curry

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8<sup>th</sup> 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
37 8 28

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champacino Illinois

13. NAME John Curry

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

15. MAIDEN NAME Melija Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champion Ill.

17. INFORMANT Lucy Englehart  
(ADDRESS) Montrose Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leaves Chapel DATE 2-8-36

19. UNDERTAKER (ADDRESS) William Funeral Home Clinton Mo.

20. FILED Feb. 10, 1936 J. M. Miller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 6, 1936

I last saw him alive on Feb 6, 1936 Death is said

to have occurred on the date stated above, at 8 P m.

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

pneumonia  
Right and left  
lower lobes.

Other contributory causes of importance:

want. and lack  
of care

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? no

If so, specify .....

(Signed) R. L. Hansen, M. D.

(Address) Appleton City 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.

