

MAY 19 1936

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

Do not use this space.

15523

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 940 West 33rd Terrace) St. _____ Ward _____

File No. _____
Registered No. 2207
St. _____ Ward _____

2. FULL NAME

Harry James Curl

(a) Residence, No. 940 West 33rd Terrace, _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1863

7. AGE YEARS 73 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, formerly General contract agent for Mo. Kans.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel. Co.
10. Date deceased last worked at this occupation (month and year) _____ time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) New Jersey13. NAME James H. Curl14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Penna.15. MAIDEN NAME Ann Adams16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) New Jersey17. INFORMANT Mrs. Anna Curl
(ADDRESS) 940 West 33rd Terrace18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE May 12, 193619. UNDERTAKER Freeman Mortuary
(ADDRESS) 164 West 42nd street20. FILED 4/30 1936 M. M. Corowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1936 to Apr 29, 1936
I last saw him alive on Apr 21, 1936 Death is said to have occurred on the date stated above, at 13:00 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Mar 27
By embolism
8201
Other contributory causes of importance: Arteriosclerosis

Name of operation no 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? _____
If so, specify _____

(Signed) James H. Jones, M. D.
(Address) Kansas City, Mo.

WRITE CLEARLY, 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.

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