

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1937

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

Do not use this space.

2008

1. PLACE OF DEATH  
 54 County Lafayette Registration District No. 464  
 Township \_\_\_\_\_ Primary Registration District No. 4277  
 2 City Adessa (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Barbara McCurdy  
 (a) Residence, No. Adessa mo St. 17th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 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 Alfred McCurdy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 1888

7. AGE YEARS 90 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 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) Jackson Co Mo

MOTHER FATHER  
 13. NAME Nathan Taylor  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Ashury  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Ida King  
330 James St. N. City

18. BURIAL, CREMATION, OR REMOVAL Adessa Mo  
Adessa Mo DATE Jan 5 1937

19. UNDERTAKER (ADDRESS) F. A. Reising  
Adessa Mo

20. FILED 1-3- 19 37 Mrs E. M. Grodwin  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1937

I HEREBY CERTIFY That I attended deceased from Jan 2 1937 to Jan 2 1937  
 I last saw her alive on Jan 16 1936, 19 \_\_\_\_ Death is said to have occurred on the date stated above at \_\_\_\_ P. M.  
 The principal cause of death and related causes of importance were as follows:  
Territorial Pneumonia Date of onset 12-25-36  
Uremia

Other contributory causes of importance:  
Serous pleurisy  
Artificial respiration

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? No 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 E  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Mathews, M. D.  
 (Address) Adessa Mo



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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Lafayette  
Township .....  
City Odessa (No. ...., St. ...., Ward .....

Registration District No. 464  
Primary Registration District No. 4277

File No. ....  
Registered No. ....

**2. FULL NAME**

Barbara McCurdy

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>90</u>	<u>8</u>	<u>24</u>	

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3-29-37 Mr. E. M. Goodwin Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

*Terminal Pneumonia  
Pneumonia cause by  
general break-down  
chronic Respiratory*

Other contributory causes of importance:  
No further information

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? .....  
If so, specify .....  
(Signed) W. E. Martin , M. D.  
(Address) Odessa

SUPERINTENDENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-2008