

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.

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

3 County Atchison
2 Township
2 City Rock Port (No. _____)

Registration District No. 19
Primary Registration District No. 4073

File No. 15572
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Walter Washington 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 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 Elma Curry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 20

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

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) Atchison County Mo.

13. NAME Jacob A. Curry

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

15. MAIDEN NAME Margaret Howell

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

17. INFORMANT (ADDRESS) Mrs. W. W. Curry
Rock Port Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE English Home DATE Sunday 25 1937

19. UNDERTAKER (ADDRESS) C. E. Bertram
Rock Port Mo.

20. FILED 4-25, 1937 Mary J. Chamberlain
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

I HEREBY CERTIFY that I attended deceased from Apr. 14 1937 to Apr. 23 1937. I last saw him alive on Apr. 20, 1937. Death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Chas. T. Little, M. D.

(Address) Rock Port, Mo.

