

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

Do not use this space.

JUN 12 1937

19046

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 305 N. Jackson)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2200 (Ward) _____

2. FULL NAME

William Warren Jackson Curran

(a) Residence, No. 305 N. Jackson 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1872

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	7	9		

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

13. NAME Patrick Curran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Ray W. Curran (ADDRESS) 305 N. Jackson, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Moriah Cem.
PLACE Kansas City, Mo. DATE May 18, 1937

19. UNDERTAKER Stine & McClure (ADDRESS) 5245 Gillham Plaza

20. FILED May 17, 1937 M. M. - Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to May 16, 1937

I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at P. 6:20 m.
The principal cause of death and related causes of importance were as follows:

Shrapnel Gangers

59

Other contributory causes of importance: Shrapnel

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) _____, M. D.

(Address) 522 Prof Bldg,

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.

OCCUPATION
FATHER
MOTHER

Prof
Ka 1611 522