

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

Do not use this space.

DEC 23 1937

1. PLACE OF DEATH

County Madway Registration District No. 626
 Townshp. Park Primary Registration District No. 331
 City Maryville Mo. (No. _____) St. _____ Ward _____

File No. 42027
 Registered No. 115

2. FULL NAME

(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

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 Mary Curran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 69 7 24

8. Trade, profession, or particular kind of work done, as splinner, 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) England

13. NAME Thomas Curran

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

15. MAIDEN NAME Emma Kingsford

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

17. INFORMANT Paul Curran
 (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 11-6-1937

19. UNDERTAKER Campbell Funeral Home
 (ADDRESS) Maryville Missouri

20. FILED Nov 6 1937 Mary E. Clardy
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1937, to Nov 4th, 1937

I last saw him alive on Nov 4th, 1937. Death is said to have occurred on the date stated above, at 9:45 A. m.

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

Carcinoma Stomach
Operated in Sept 1937

Date of onset

Other contributory causes of importance: No

Name of operation Gastro enterostomy Date of _____

What test confirmed diagnosis operative. 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) L. E. Deane M. D.

(Address) Maryville 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.

