

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23701
Do not use this space.

REC'D AUG 12 1938

791
1003

6395

1. PLACE OF DEATH

- (a) County V. Registration District No. 1003
 (b) Township W. Primary Registration District No. W. Registered No. 6395
 (c) City W. (d) Street No. Alpena Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. Rev. Edward Curran 650
Great Falls Mont St. NR Great Falls Mont
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1894

7. AGE YEARS MONTHS DAYS. If LESS than 1 day, hrs. or min.
53 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Print
 9. Industry or business in which work was done, as 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) Ireland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Bro. Dennis
3933 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Great Falls Montana

19. FUNERAL DIRECTOR (ADDRESS) Wesley Bros
2201 S. Grand Bl.

20. FILED JUL 17 1938 J. D. Bradley
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-38

22. I HEREBY CERTIFY That I attended deceased from July 15 to July 15, 1938
 I last saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 1355 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Heart
Failure
Dissecting Aneurysm
Dissecting Aneurysm
 Other contributory causes of importance: Ch. Post. Encephalitis
Paralysis agitans

Date of onset 7/13/38

Name of operation Ch. Post. Encephalitis Date of 9/27
 What test confirmed diagnosis? Paralysis agitans 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) J. D. Bradley M. D.
 (Address) Alpena, Mont.

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.

STATEMENT BY LICENSED EMBALMER

I, Nancy A. Stewart, Licensed Embalmer No. 3722
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. 3722
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Nancy A. Stewart
Licensed Embalmer No. 3722

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)