

RECORDED AUG 7 1939

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

24761  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township RAW Primary Registration District No. 100 Registered No. 2974  
(c) City KANSAS CITY (d) Street No. 3909 MORRELL St.  
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS NANNIE V. SHEETS CURRY  
(a) Residence, No. 3909 MORRELL St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 ESTY B. CURRY  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-6-1863  
7. AGE YEARS 75 MONTHS 9 DAYS 15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
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) JANE CROSS (STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME ELLET SHEETS 14. BIRTHPLACE (CITY OR TOWN) KENTUCKY (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN BENHAM 16. BIRTHPLACE (CITY OR TOWN) KENTUCKY (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) MARY SHAY 3909 MORRELL

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JULY-24-1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLYD.

20. FILED July 24 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-21-1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938, to July 21, 1939  
I last saw her alive on July 20, 1938. Death is said to have occurred on the date stated above, at 11:40 A.M.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
940  
Other contributory causes of importance:  
Date of onset 1938

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 1

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) C. W. Ross, M. D.  
(Address) 1039 Elmwood

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.

