

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

Do not use this space.

33575

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Beypwater Primary Registration District No. 4209
City Montrose (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME

John Martin Curry
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	78	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Jonathan Curry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Charity Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. M. J. Curry (Address) Montrose Mo

15. FILED Oct 31, 1929 J. M. Miller REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1929, to Oct. 30, 1929, that I last saw him alive on Oct. 30, 1929, and that death occurred, on the date stated above, at 3 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
cardiac asthma
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Baggeley, M. D.
11-1, 1929 (Address) Montrose mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jeays Chapel DATE OF BURIAL Nov 1, 1929

20. UNDERTAKER walling Bros ADDRESS Montrose mo

K. E.—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. FILED WITH ORIGINAL RECORD—THIS IS A PERMANENT RECORD

