

MAR 24 1931

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

Do not use this space.

1029

1. PLACE OF DEATH

46 County Henry
3 Township
3 City Calhoun

Registration District No. 341
Primary Registration District No. 7207

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Anna Curren

(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 7 yrs. - mos. ds. - How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Curren
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boston (STATE OR COUNTRY) Mass

10. NAME OF FATHER Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Mary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London (STATE OR COUNTRY) England

14. INFORMANT Mrs. Helen Baller (Address) Calhoun, Mo

15. FILED Feb 9, 31 Mrs. A. U. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 28, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at about 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Chronic
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. A. Baller, M. D.
, 19 (Address) Barnard 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

F. Alvarado DATE OF BURIAL Jan 31 1931
20. UNDERTAKER (Address) J. A. Goushy Calhoun
770

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

