

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

Do not use this space.

20845

~~20043~~

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 6009 Maple)

File No.....  
Registered No. 5644  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., 5 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 30 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>65</u>	<u>1</u>	<u>10</u>	

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

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Ireland

PARENTS	10. NAME OF FATHER <u>James Curley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Butler</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Bessie Curley  
(Address) 6009 Maple

15. FILED 27 1930 May 2 1930  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1930, to June 8, 1930, that I last saw him alive on June 8, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Bronch  
465  
03  
03  
CONTRIBUTORY (SECONDARY) Myocardia Arteriosclerosis  
Sinulargot (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH..... X

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

WHAT TEST CONFIRMED DIAGNOSIS Clinical diagnosis  
(Signed) Sam J. Brooks, M. D.

6/10, 1930 (Address) Grand Lafayette

\*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 Calvary DATE OF BURIAL 6/12 1930

20. UNDERTAKER Hangan & Sheahan West Washington ADDRESS 4475

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.

