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.

SEP 26 1933

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

Do not use this space.

26621

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3373

Township Kaw — Primary Registration District No. 1608 — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME James G. Curry

(a) Residence, No. 1006 East 31st. Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th. 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	3	~~4~~ 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, 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) Missouri

FATHER

13. NAME M. G. Curry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT M. G. Curry (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill Cem. DATE 8/25/33, 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 8/24, 1933 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23rd., 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1933, to Aug 23, 1933

I last saw him alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 6 AM. m.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis & peritonitis

Date of onset

Other contributory causes of importance:

121 B

Name of operation appendectomy Date of Aug 18

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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? no

If so, specify

(Signed) Hugh A. Gestring, M. D.

(Address) 303 Northum

[illegible]
Va 6400