

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

Do not use this space.

34806

NOV 13 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townsh. .... Primary Registration District No. **3003**  
 City **St. Louis mo.** (No. **City** **West**) St. .... Ward)

File No. ....  
 Registered No. **9719**

**2. FULL NAME**

**Milous Currin (CURRIN)**  
 (a) Residence, No. **1837 Division** St. **21** Ward. (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 **M** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kettie Currin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 11 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**46**      **6**      **19**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tyandry Worker**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Lewis & Clark**  
**Monsanto**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation **10**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Halt - Tenn.**

MOTHER FATHER  
 13. NAME **J. Currin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **J. Carolina**

MOTHER  
 15. MAIDEN NAME **Annie Currin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **2 Carolina**

17. INFORMANT **Kettie Currin**  
 (ADDRESS) **1837 Division**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington pk** DATE **Oct 4 1934**

19. UNDERTAKER **Engish und. co.**  
 (ADDRESS) **2931 Division**

20. FILED **1** **1934** **19** **J. Bredeck** Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 29 1934**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **7:50** m.

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

**Cerebral Haemorrhage**  
**left side**  
**2nd Malignant Hypertension**  
 Other contributory causes of importance:  
**102**

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.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) **Margaret J. King**  
 (Address) **St. Louis**

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

100-11-30-3

