

Township **Gloucester** of Borough _____
 City **Gloucester P.O. N.J.** **Camden County Gloucester Hospital**
 (If born occurred in a hospital or institution give the NAME thereof if not first contact)

2 FULL NAME **JAMES CURRY**
 (MARRIAGE NAME) _____ (FEMALE NAME HERE) _____
 3 Residence No. **32 Allen Ave.** Ward **Haddonfield, N.J.**
 (If no number give day, week, month, year) (If no number give day, week, month, year)
 (If death occurred in a hospital or institution give the NAME thereof if not first contact)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX **male** 5 COLOR OR RACE **white** 6 Single, Married, Widowed, or Divorced **MARRIED**

7 If married, widowed or divorced HUSBAND OF (or) WIFE OF **Florence K. Heath**
 (Give full maiden name)

8 DATE OF BIRTH **March 10, 1893**

9 AGE Years: Months: Days: If Less Than One Day: Mths: **45 years**

OCCUPATION Trade, profession, or particular work done, as spinner, shaver, bookkeeper, etc. **Police man**
 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

11 BIRTHPLACE (City or town) **Camden** (State or country) **NEW JERSEY**

12 NAME **James**

13 BIRTHPLACE (City or town) **unknown** (State or country) _____

14 MAIDEN NAME **Margaret (unknown)**

13a BIRTHPLACE (City or town) **Scotland** (State or country) _____

15 SIGNATURE OF INFORMANT **Hospital Records** (Address) _____

20 PLACE OF BURIAL **St. Ann's Memorial** (Cremation or Removal) _____
 DATE **Aug 2, 1938**

21 FUNERAL DIRECTOR **James Street** N. J. License No. **164** (Address) **Haddonfield, N.J.**

16 RECEIVED **Aug 2, 1938** **J. S. Chew** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH **August 2, 1938**

18 I HEREBY CERTIFY, THAT I attended deceased from **June 4, 1938** to **August 2, 1938**.
 I last saw him alive on **8-2-38** death is said to have occurred on the date stated above at **8:07 AM**

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

- 1) **Cerebral Embolism**
- 2) **Cerebral Arterio-sclerosis.**

Contributory causes of importance not related to principal cause:

Name of operation _____ Title of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

If death was due to external causes (violence) it is also the following _____ Date of _____
 Accident, suicide, or homicide? _____ Injury _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **Frank P. ...** M. D.

(Address) **Camden, N.J.**