

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.

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

Do not use this space.

JAN 17 1920 148

36093

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1000  
 City St. Joseph (No. State Hosp. #2) Registered No. 1340  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine P. Mitchell-Hall Purson  
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*writes the word*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Purson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 | 2 | 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cleveland  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Nelson C. Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jane Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Thos N. Hall  
 Address 3700 Michigan, K. C., Mo.

15. FILED DEC 29 1920  
John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28th 1920

17. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1920, to Dec 28th, 1920, that I last saw h.c.p. alive on Dec 28th, 1920, and that death occurred, on the date stated above, at 10:00 - P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis Chronic  
93%  
100%

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 100 da.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 da.

18. WHERE WAS DISEASE CONTRACTED? 93%  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) C. O. Dewey, M. D.  
State Hosp. No. 2

\*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 Kansas City, aMo. DATE OF BURIAL Dec, 29, 1920

20. UNDERTAKER Walter Meichoffer ADDRESS 1302 Faraon ST

