

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson

Registration District No. 810
Primary Registration District No. 6055

File No. 28405
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Jose Purvis
(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. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cardine M. Purvis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 23, 1846

7. AGE YEARS MONTHS DAYS H LESS than I day, hrs. or min.
82 3 13 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) County

10. NAME OF FATHER Philip Purvis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kes (STATE OR COUNTRY) St. Louis

12. MAIDEN NAME OF MOTHER St. Louis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illland (STATE OR COUNTRY) Illland

14. INFORMANT P. A. Purvis (Address) Memphis Mo

15. FILE NO. 8/23. 28 E. E. Parrish REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 3, 1928, to Aug 6, 1928 that I last saw him alive on Aug 6, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Merbus
120 B
15 (duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Dont know (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. A. ..., M. D.
8/7, 1928 (Address) Memphis Mo

*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 Concord cemetery DATE OF BURIAL 8/7/ 1928

20. UNDERTAKER H. N. Payne & Son ADDRESS Memphis

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.

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Handwritten word, possibly "BANK".

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