

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

Do not use this space.

6804

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. B: 970
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds.

Stanley Kansas
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 27-1885
7. AGE YEARS 41 MONTHS 1 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Warren City
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Leo Purcell

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

12. MAIDEN NAME OF MOTHER Hannah Trotter

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

14. INFORMANT Mr. Pearl O. Purcell
(Address) Stanley Kansas

15. FILED 2/27, 1929 M. M. Corrine
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27-1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1929, to Feb. 27, 1929 that I last saw him alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
100A

CONTRIBUTORY (SECONDARY) Ante mortem (duration) yrs. mos. ds. 9

18. WHERE WAS DISEASE CONTRACTED 100A
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Y

WHAT TEST CONFIRMED DIAGNOSIS? Ch. Haden M.D.

(Signed) 2/27, 1929 (Address) 802 Med. Arts Bldg

*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 Crocker, Missouri DATE OF BURIAL 2-29 1929

20. UNDERTAKER John J. Sheehan ADDRESS K-6 W

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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