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

Do not use this space.

14995

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 2054
City Kansas City (No. K.C. Genl Hosp 1002 St. Ward)

2. FULL NAME Purington Clarence
(a) Residence. No. 5626 E. 11th St., 10 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 13, 1916

7. AGE: Years 12 — Months 8 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis

PARENTS
10. NAME OF FATHER: Edward Purington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wis.
12. MAIDEN NAME OF MOTHER: Ethel Whitaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wis.

14. INFORMANT: Record Clerk
(Address) K.C. General Hosp

15. FILED 5/2, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-20, 1929 to 4-30, 1929 that I last saw her alive on 4-30, 1929 and that death occurred, on the date stated above, at 12:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic cerebro spinal meningitis
18
159 A (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Hydrocephalus
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find + Lab. Find
(Signed) P. E. Williams, M. D.
4-30, 1929 (Address) Supt K.C. Genl Hosp

*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: Mound Grove — DATE OF BURIAL: 5-2 1929

20. UNDERTAKER: B. H. Blackman K. City — ADDRESS: Mo

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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