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.

JAN 21 1930

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

Do not use this space.

43204

1. PLACE OF DEATH
County Sullivan — Registration District No. 853 — File No.
Township Clay — Primary Registration District No. 6116 — Registered No. 19
City Harris (No. ..... St. ..... Ward)

2. FULL NAME Carl Arnold Purdy
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 31 1929

7. AGE — YEARS: — MONTHS: 1 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Harris
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Samuel T. Purdy
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Harris
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Vaughn Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Virginia

14. INFORMANT: Samuel T. Purdy
(Address): Harris, Mo

15. FILED 12-24 1929 A W Wedner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1929, to Dec. 23, 1929, that I last saw him alive on Nov. 23, 1929, and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: accidental asphyxia

183

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 180

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF 36
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Symptoms
(Signed) C O Sated D.O. M.D
12-24, 1929 (Address) Harris 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: Harris — DATE OF BURIAL: 12-24 1929

20. UNDERTAKER: H. J. Martin — ADDRESS: Harris