

OCT 29 1930

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

Do not use this space.

30231

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No. McCurry 3rd St. Hospital)

Registration District No. 408
Primary Registration District No. 30908

File No. 30231
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Diamond Mo. Rte 1 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lanetta Purbaugh</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>69</u>	<u>-</u>	<u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

9. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs Lanetta Purbaugh
(Address) Diamond Mo. Rte 1

15. FILED 9/16, 1930 E. D. Kitcham
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1930 to Sept 15 1930
that I last saw him live on Sept 15 1930, and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of heart -
2:10 AM
2:12 AM
950 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Automobile accident
riding in wagon without
proper lights & struts yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at night.

IF NOT AT PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Leroy Simmons M. D.
Sept 15, 1930 (Address) Carthage, 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 Park Cemetery DATE OF BURIAL 9-16 1930

20. UNDERTAKER Ulmer Bros ADDRESS Carthage

N. B.—Every item of information should be carefully supplied. (GE 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.

THE STATE OF TEXAS, COUNTY OF DALLAS, this 1st day of August, 1968, before me, the undersigned authority, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

Notary Public in and for the State of Texas

My commission expires _____

Witness my hand and seal of office this 1st day of August, 1968.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No.) St. Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

2. FULL NAME

Samuel Burbough

(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) M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.

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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 11/11 1930 A. Detelaine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY That I attended deceased from 19....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Dilatation
On highway 38. in E. Jackson township Jasper Co. 4 1/2 miles north of Carthage (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Auto accident (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. D. , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

A. B.—Every death certificate filed for registration is subject to audit by the Missouri State Board of Health, Bureau of Vital Statistics, for accuracy and completeness. It is the duty of the registrars to see that the information furnished is correct and complete. If any error is found, the certificate may be corrected or amended. If the certificate is found to be incorrect or incomplete, the registrars shall not be held responsible therefor.

SUPPLEMENTARY

1880

S-30231