MAR 24 1931

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

Do not use this space.

5200

File No. 132

Registered No.

1. PLACE OF DEATH

39 County Lawrence — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Bertrude Purdom

(a) Residence. No. St., Ward. Purdy Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| F. | W. | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1879

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 1 | 14 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Mo.

PARENTS

10. NAME OF FATHER Stump.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known.

12. MAIDEN NAME OF MOTHER Not Known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known.

14. INFORMANT C. Purdom.
(Address) Purdy, Mo. R. R.

15. FILED 2-15, 1931 Lou Sharp REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb 15, 1931, that I last saw h. alive on Feb 15, 1931, and that death occurred, on the date stated above, at 3 p. m.

46 I THE CAUSE OF DEATH* WAS AS FOLLOWS:

122B Gut Carcinoma Large intestine

1288 Intestinal obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cancer of rectum

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED (Colostomy) Purdy Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 14-31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Manual

(Signed) Arthur Smith, M. D.

2-16, 1931 (Address) Springfield 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 | DATE OF BURIAL |
|---|---|
| Purdy Cemetery | 2-16 1931 |
| **20. UNDERTAKER** | **ADDRESS** |
| Blair Funeral Dir. | Purdy, Mo |

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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