

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

Do not use this space.

14075

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
Township Leaw Primary Registration District No. 1002  
City Kansas City No. K.C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1580  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Josephine Purvey  
(a) Residence. No. 1124 E 8th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 21 yrs. mos. ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) June 4, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>9</u>	<u>28</u>	

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) 235  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cleveland  
(STATE OR COUNTRY) Ohio

**PARENTS**

10. NAME OF FATHER Blaha  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Debra Clark  
(Address) K.C. General Hosp

15. FILED 4/3, 1931 M.M. Crowe  
REGISTRAR ason

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-1, 1931, to 4-2, 1931 that I last saw her alive on 4-2, 1931, and that death occurred, on the date stated above, at 6:55 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Medicine Dietation  
Renal disease  
131  
050 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis (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? yes  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. C. Williams M. D.

4-2, 1931 (Address) Supv. K.C. General 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 St. Mary Cemetery DATE OF BURIAL 4-4 1931

20. UNDERTAKER John J. Sheehan ADDRESS K.C. 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.

Josephine Ferry  
Mt St Mary Society