

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

Do not use this space.

16838

1. PLACE OF DEATH
 County Harrison Registration District No. 153
 Township Clay Primary Registration District No. 4516
 City Harrison St. _____ Ward _____

2. FULL NAME Alan R. 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.

File No. _____
 Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Purdy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
37 24

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1931

17. I HEREBY CERTIFY, That I attended deceased from March 28 1930, to April 7 1931, that I last saw h.i.m. alive on April 7 1931, and that death occurred, on the date stated above, at 8:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary of atherosclerosis
SID
53E
 (duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. M. Simpson M.D.

(Address) Harrison, 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.

9. BIRTHPLACE (CITY OR TOWN) Harrison
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Paul J. Purdy

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

12. MAIDEN NAME OF MOTHER Frances R. Purdy

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

14. INFORMANT Mrs. Alan R. Purdy
 (Address) Harrison, Mo.

15. FILED 49, 1931 UW Wedel
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrison DATE OF BURIAL 4-9 1931

20. UNDERTAKER H. G. Martin ADDRESS Harrison, 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.

APR 27 1931

**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

Country Lullivan
Township _____
City Harrison (No. _____)

Registration District No. 83-3
Primary Registration District No. 43-16

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Jan Peneslavsky 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) M
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Netice Isak Purdy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 - X M X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-9-31 A. W. Weidner (Address) _____
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

cated by check marks, lacking from the death certificate.

Name: Van R. Purdy

Who died at: Harris, Mo. on April 7, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of Abdomen

~~The carcinoma first detected in~~
~~Contributory Testicle which was removed~~
~~and it then after about one year invaded~~
~~the abdomen~~

Where was disease contracted? _____

Did operation precede death? Yes Date of May - 1930

Was there an autopsy? No What test confirmed diagnosis? _____

Name of physician: Dr. W. J. ...

Address of physician: Newtown Mo