

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

Do not use this space.

41339

334

1. PLACE OF DEATH
 County St. Francois Registration District No. 774
 Township " Primary Registration District No. 60480
 City Star River Mo. (No. 4463) St. _____ Ward _____

2. FULL NAME Louise Purley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) J. G. Purley Dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1898

7. AGE YEARS 73 MONTHS 9 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Georgia 2

13. NAME Charles J. Krauth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elizabeth Kaeger

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

17. INFORMANT Mary Warming
 (ADDRESS) FLAT RIVER, MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Warmington DATE 12, 4 1932

19. UNDERTAKER Joe Diemer
 (ADDRESS) FLAT RIVER MO

20. FILED Dec 30 19 32 W G. Bryan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1932, to 12-2, 1932
 I last saw him alive on 12-2, 1932 Death is said to have occurred on the date stated above, at 9:45 p. m.
 The principal cause of death and related causes of importance were as follows:

Adrenal apoplexy
arterial sclerosis
chronic myocarditis & hypertrophy

Other contributory causes of importance:
arterial sclerosis
chronic myocarditis & hypertrophy

Date of onset 12-2-32
 Serial year 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Exam & History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury L, 1932
 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 L
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Paul L Jones, M. D.
 (Address) Clark, 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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