

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

Do not use this space.

13100

1. PLACE OF DEATH

County Linn
Township Northview Mo.
City Northview Mo.

Registration District No. 383
Primary Registration District No. 5537

File No. _____
Registered No. 6
St. _____ Ward)

2. FULL NAME

(a) Residence. No. Northview Mo. St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-7-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 11 26

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) Edward Ind

10. NAME OF FATHER J. L. Purshley

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

12. MAIDEN NAME OF MOTHER Martha Davis

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

14. INFORMANT J. L. Purshley
(Address) Northview Mo

15. FILED 4-8-33 Genevieve Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1933

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 3, 1933 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 9 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of Heart
92A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

92A (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) W. J. Dietsman, M. D.

, 19____ (Address) Northview 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

Northview Mo 4-5 1933

20. UNDERTAKER

ADDRESS

J. F. Amman Northview

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.

APR 2 1933

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