

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.

MAY 24 1933

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Charles  
Township Genoa  
City Florissant (No. \_\_\_\_\_)

Registration District No. 760  
Primary Registration District No. 5969

File No. 14315  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 44 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Hugh Purpin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>10</u>	<u>29</u>		

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

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) Tray mo

13. NAME Joseph Page

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

15. MAIDEN NAME Kenion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tray mo

17. INFORMANT (ADDRESS) Hugh Purpin 1712 No. 1st mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE 4-18 1933

19. UNDERTAKER (ADDRESS) Wentworth mo

20. FILED 4/17 1933 W.C. Caldwell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1933

22. I HEREBY CERTIFY that I attended deceased from Mar 2 1933 to Apr 15 1933  
I last saw her alive on Apr 15 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of the bladder  
Date of onset 1932  
Sept

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_  
(Signed) W.S. Clarentsch, M. D.  
(Address) Wright City mo

