

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

Do not use this space.

1859

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Jefferson Primary Registration District No. 5575
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

(a) Residence, No. Sarah Elizabeth Pursall St. _____ Ward _____
(Usual place of abode) Crystal City, Mo.

(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 7 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 John Pursall.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 19

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

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) London England

13. NAME Alfred Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT Alfred Pursall
(ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) St. Louis Co. DATE 1-14-34

19. UNDERTAKER Wm. H. Baumhart
(ADDRESS) Crystal City, Mo.

20. FILED 1/14/34 1934 J. C. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 12, 1934
I last saw him alive on Jan 11, 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis
1931

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? No
If so, specify _____

(Signed) J. J. Downell M. D.
(Address) Crystal City, Mo.

