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

Do not use this space.

File No. 3134

Registered No. 792

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Robert Crofts Purcell

(a) Residence, No. Kenrick Aylau apts St. 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shelby Printing Co

10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME John Purcell

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

MOTHER

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Mrs. E. F. Collins Crown Point, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Jan 22 1934

19. UNDERTAKER (ADDRESS) Alexander & Sons 4175 S Broadway

20. FILED Jan. 22 1934 J. J. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from on 1/19/34 19..., to — 19...

I last saw h. alive on 1/19/34 19... Death is said to have occurred on the date stated above, at 6.5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Myocarditis and Coronary Sc.	
434	
430	
7	

Other contributory causes of importance: Diabetes Mellitus

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) Chas Hugh Neilson M.D.

(Address) 1 Humboldt Bldg

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.

FEB 7 1934

THIS IS A PERMANENT RECORD

Dr C H. Nielsen