

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.

JUN 20 1934

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

Purman
Do not use this space.

1. PLACE OF DEATH

County *Madison*
Township *Milman*
City (No. , St. Ward)

Registration District No. *72*
Primary Registration District No. *3037*

File No. *15645*
Registered No. *74*

2. FULL NAME

(a) Residence, No. , St. , Ward. (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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *—*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-23-1868*
7. AGE YEARS *65* MONTHS *4* DAYS *8* If LESS than 1 day, . . . hrs. or . . . min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
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) *Basin Co* (STATE OR COUNTRY) *Mo*

13. NAME *Mrs. R. Barry*
14. BIRTHPLACE (CITY OR TOWN) *Virginia* (STATE OR COUNTRY)

15. MAIDEN NAME *Elizabeth a. Seymans*
16. BIRTHPLACE (CITY OR TOWN) *Tenn* (STATE OR COUNTRY)

17. INFORMANT *Mrs. Dannie Lloyd* (ADDRESS) *Centra Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clark Mo* DATE *May 3* 19*34*

19. UNDERTAKER *M. J. McQuay* (ADDRESS) *Centra Mo*

20. FILED *5/2* 19*34* *J. H. Harrison* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1* 19*34*

22. HEREBY CERTIFY, That I attended deceased from *April 15* 19*34*, to *May 1* 19*34*
I last saw her alive on *April 30* 19*34*. Death is said to have occurred on the date stated above, at *11.15 A.M.*
The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer
1175

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?

If so, specify (Signed) *B. Purman*, M. D.
(Address) *Centra Mo.*

