

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

Do not use this space.

1. PLACE OF DEATH

County Stades Registration District No. 238
Township Stades Primary Registration District No. 4145
City Lackwood (No. _____) St. _____ Ward _____

File No. 23895

Registered No. _____

2. FULL NAME Belia Purdy

(a) Residence, No. _____ St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 8

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) Lackwood Mo

13. NAME Jacob Roger

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

15. MAIDEN NAME Elizabeth Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lackwood Mo

17. INFORMANT (ADDRESS) Bertie Purdy
Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvin DATE July 25 1934

19. UNDERTAKER (ADDRESS) E. Ray Caldwell
Lackwood Mo

20. FILED 7-26 1934 J. A. Wren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY that I attended deceased from July 16 1934 to July 24 1934
I last saw him alive on July 22 1934. Death is said to have occurred on the day stated above, at 2 P.m.

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

Arteriosclerosis

Other contributory causes of importance: M

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) James A. Wren, M. D.

(Address) Lackwood Mo.

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.

WRITE PLAINLY, WITH UNFADING INK

AGE 2 10 22

1 2 2

