

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

Do not use this space.

10183

APR 24 1935

**1. PLACE OF DEATH**

County Platte Registration District No. 692 File No. \_\_\_\_\_  
Township Green Primary Registration District No. 5919B Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eva Gabbert Purphrey

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edwin E. Purphrey</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 29th, 1866,</u>					
7. AGE YEARS <u>68</u>		MONTHS <u>10</u>		DAYS <u>5</u>	
IF LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</u>				
	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), Dearborn, Platte Co., (STATE OR COUNTRY) <u>Missouri.</u>					
FATHER	13. NAME <u>Benton Gabbert</u>				
	14. BIRTHPLACE (CITY OR TOWN), Barthelorew Co., (STATE OR COUNTRY) <u>Indiana</u>				
MOTHER	15. MAIDEN NAME <u>Alice Layton</u>				
	16. BIRTHPLACE (CITY OR TOWN), Platte Co., (STATE OR COUNTRY) <u>Missouri.</u>				
17. INFORMANT <u>Edwin Purphrey</u> (ADDRESS) <u>Dearborn, Missouri</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dearborn, Cen.</u> DATE <u>Apr. 4th, 1935</u>					
19. UNDERTAKER <u>William Davis</u> (ADDRESS) <u>Dearborn, Missouri</u>					
20. FILED <u>March 8, 1935</u> <u>W. H. [Signature]</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4th, 1935, J9

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 4, 1935  
I last saw h. ev. alive on March 4, 1935. Death is said to have occurred on the date stated above, at 6/30 am. A.M.  
The principal cause of death and related causes of importance were as follows:  
Leucoplegia (legs) Date of onset Mar 4, 1935

Other contributory causes of importance None

Name of operation None Date of None  
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury Mar 4, 1935  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury None  
Nature of injury None

23. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No  
(Signed) W. H. [Signature], M. D.  
(Address) Dearborn 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.

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JUN 4 1935

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

Do not use this space.  
ALL INFORMATION OBTAINED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY CARD  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Platte Registration District No. 692  
Township \_\_\_\_\_ Primary Registration District No. 5719B  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eva Gabberh Humphrey  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 10 5

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

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

Hemiplegia left  
Cerebral Hemorrhage  
Date of onset Mar 1 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: None known

FATHER  
13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

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)

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

(Signed) W. A. Moore, M. D.  
(Address) Dearborn, MO

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED March 8, 1935 W. A. Moore Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1935

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