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

JUN 4 1935

15268

1. PLACE OF DEATH
County: Scott — Registration District No. 820 — File No.
Township: — Primary Registration District No. 4496 ~~6069~~ — Registered No.
City: Oran (No. ..... St. ..... Ward)

2. FULL NAME: Robert Fulton Purcell

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Purcell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17 - 1890

7. AGE: Years 44 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Charleston
(STATE OR COUNTRY): Mass, Co

PARENTS
10. NAME OF FATHER: John Purcell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Tom Kuder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kentucky
(STATE OR COUNTRY)

14. INFORMANT: Brother
(Address): Bloomfield

15. FILED 5/9 1935 — G. Slichman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 9 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 35, 19..., to ..., 19..., that I last saw him alive on Apr 3, 1935, and that death occurred, on the date stated above, at Apr. 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous nephritis.
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chr Myocarditis (duration) yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Howard M Lindsey, M. D
, 19 (Address) Sikeston Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Perkins Mo
DATE OF BURIAL: Apr. 10 1935

20. UNDERTAKER: P. A. Heisserer & Co
ADDRESS: Oran Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No....., ...St. .....Ward)

2. FULL NAME .....

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17.
I HEREBY CERTIFY, That I attended deceased from .....
....., 19....., to ....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
.....(duration).....yrs. .....mos.....ds.

CONTRIBUTORY.....
(SECONDARY)
.....(duration).....yrs. .....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

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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SEP 26 1935

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

Do not use this space.

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

15-268

1. PLACE OF DEATH
County Scott — Registration District No. 820 — File No.
Township — Primary Registration District No. 4496 — Registered No.
City Oran (No. , St. Ward)

2. FULL NAME Robert Fulton Piercell
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Piercell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17 1890

7. AGE: YEARS 44 — MONTHS 8 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Charleston Miss Co

FATHER
13. NAME: John Piercell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Lou Reeder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Brother Bloomfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perkins Mo. DATE Apr 10 1935

19. UNDERTAKER (ADDRESS): J. S. Heisserer Mo

20. FILED 5/9 1935 G. Flickman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Apr 3, 1935
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at Apr 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	

Other contributory causes of importance: Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Howard M. Kendig M. D.
(Address) Sikeston Mo.

SUPPLEMENTARY

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