DEC 11 1935

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

Do not use this space.

35281

File No.
Registered No. 1252

Registration District No. 85
Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. 814 Mason Ave. St. Ward)

2. FULL NAME Anna Lee Purnell
(a) Residence, No. 814 Mason Ave. 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: Female
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 Charles M. Purnell Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	5	6	

OCCUPATION
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. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Henry Miller
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Eveline Parker
16. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Mirwouri

17. INFORMANT Charles M. Purnell, Sr.
(ADDRESS) 814 Mason Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Dec. 2, 1935

19. UNDERTAKER Clark Mortuary
(ADDRESS) 3025 King Hill Ave.

20. FILED 12-2-, 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935, to Nov. 30, 1935
I last saw her alive on Nov 30, 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Rt)	11/28/35
181	

Other contributory causes of importance:
Hypertensive cardiovascular renal disease

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

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) E. Grant, M. D.
(Address) St. Joseph, 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.