

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

Do not use this space.

FEB 17 1936

1. PLACE OF DEATH

County Warren Registration District No. 29
 Township Haystack Primary Registration District No. 5038
 City Carroll, R.F.D. (No. _____) St. _____ Ward _____

File No. 87
 Registered No. 9

2. FULL NAME

(a) Residence, No. Purdy, Miss St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 27

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

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) Illinois

FATHER 13. NAME Silas Maudy

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Welford Maudy Purdy R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection DATE Jan 29 1936

19. UNDERTAKER (ADDRESS) Home Schooler

20. FILED 9-10 1936 John A. Duomo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1936 to Jan 28 1936.
 I last saw him alive on Jan 27 1936. Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
Renal Arteriosclerosis
 Other contributory causes of importance:
None

Name of physician [Signature] Date of _____
 What test conducted? _____ 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? No

If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Purdy 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.

