

OCT 23 1936

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

Do not use this space.

35074

1. PLACE OF DEATH

County Platte
Township St. Louis
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 604
Primary Registration District No. 5798

File No. _____
Registered No. _____

2. FULL NAME

Emma B. Purcell

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Purcell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 1889</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>11</u>	DAYS <u>3</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Carroll Mo

FATHER

13. NAME A. B. Haldeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North Platte

MOTHER

15. MAIDEN NAME S. C. Fields

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

17. INFORMANT (ADDRESS)
Walter Purcell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand Park Cemetery DATE Sept 6 1936

19. UNDERTAKER (ADDRESS)
Walter Purcell

20. FILED 9/24 1936 Registrar Walter Purcell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to Sept 3 1936.
I last saw him alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Carcinoma of Breast
58

Date of onset
1934

Other contributory causes of importance:

Name of operation Removal of Breast Date of April 1935

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

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? Yes

If so, specify _____ (Signed) Walter M. Raman, M. D.

(Address) Carroll 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.

