

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.

JAN 22 1937

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

Do not use this space.

45816

1. PLACE OF DEATH

County Polk
Township Polk
City Louisiana (No.)

Registration District No. 689
Primary Registration District No. 3033

File No.
Registered No.
St. Ward)

2. FULL NAME

Emma Phurman

(a) Residence, No. 415-3-5 St. 2 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 4 29

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

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) Mo

13. NAME John W Hendricks

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

15. MAIDEN NAME Nancy Maiden

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

17. INFORMANT (ADDRESS) Wm Wm Sessell

18. BURIAL, CREMATION, OR REMOVAL PLACE New Phurman Mo DATE Dec 29 30

19. UNDERTAKER (ADDRESS) Wm Wm Sessell

20. FILED 12-28 1936 J. C. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 to Dec 27, 1936
I last saw him alive on Dec 27, 1936 Death is said to have occurred on the date stated above, at 4:15 p. m.

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

Coronary Thrombosis Date of onset 11-23-36

Other contributory causes of importance: Arteriosclerosis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? Mo

23. If death was due to external cause (accident), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
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? Mo
If so, specify ✓

(Signed) J. B. Miller, M. D.
(Address) Louisiana Mo

