

JAN 24 1938

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

Do not use this space.

46610

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township St. Ferdinand Primary Registration District No. 448
City Kinloch (No. 1) St. Louis St. _____ Ward _____

2. FULL NAME

Marshall Purnell
(a) Residence, No. Mc Henry av St. _____ Ward _____
(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 M. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1880

7. AGE YEARS 57 MONTHS 3 DAYS 24 If LESS than 1 day, hr. or min.

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

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) Miss.

13. NAME Jacob Purnell

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

15. MAIDEN NAME unknown

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

17. INFORMANT Ethel Purnell
(ADDRESS) Kinloch

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12-11-37

19. UNDERTAKER Boyd Bros. Funeral Home
(ADDRESS) 616 St. Stanislaus

20. FILED 12-10 1937 W.A. Zeithler
Registrar

C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-37

22. I HEREBY CERTIFY, That I attended deceased from 12-2-37 to 12-3-37

I last saw him/her on 12-3-37 1937 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Apoplexy, "right side"
high blood pressure
stroke
1 day

Other contributory causes of importance:

high blood pressure

Name of operation _____ Date of _____
What test (smear, etc.)? _____ 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 _____, 1937

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) J. H. H. H. H. M. D.
(Address) 70 ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

