

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.

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

Do not use this space.

REC'D MAR 15 1938

1. PLACE OF DEATH
 County Carroll ²
 Township Ridge ¹
 City ~~Carrollton~~ (No.)
 Registration District No. 134
 Primary Registration District No. 5186
 File No. 6348
 Registered No. 6
 St. Ward

2. FULL NAME Susan Margaret Purdy ⁶³⁰
 (a) Residence, No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Joseph Hiram Purdy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5- 26
 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. House work
 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) Monticello Mo
 13. NAME Thomas Welch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Hennetta Bradenburgh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S. a.
 17. INFORMANT Mr. Joseph Hiram Purdy
 (ADDRESS) Hale mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hurricane Cemetery DATE March 2 ³⁸
 19. UNDERTAKER David J. Edwards
 (ADDRESS) Bosworth, Mo.
 20. FILED Mar 26 1938 Mrs. Boon Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938
 22. I HEREBY CERTIFY That I attended deceased from Feb 1 1938 to May 1 1938
 I last saw her alive on Feb 20 1938 Death is said to have occurred on the date stated above, at 12:30 pm.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
49-
 Other contributory causes of importance:
Coronary of Veterans
 Date of onset
 Name of operation Date of
 What test confirmed diagnosis? Chines 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) Edw. Boon Brown M. D.
Bosworth, Mo.

