

REC'D APR 18 1939

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

Do not use this space.

10939

1. PLACE OF DEATH

County

Registration District No.

347

Township

Primary Registration District No.

3018

City

St.

Ward)

2. FULL NAME

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

Laura N Purce

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

Nov 27 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

72

2

10

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

Retired farmer

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greencastle
Ind

13. NAME

Jack W. W. W. W.

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)West Union
W. Va.

15. MAIDEN NAME

Elizabeth W. W. W.

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)West Union
W. Va.17. INFORMANT
(ADDRESS)

Mrs Charles Gaines

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Englewood 3/9 39

19. UNDERTAKER
(ADDRESS)

Spencer Law

20. FILED

3-27

19

39

D. J. B. Hampton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-7 1939

22. I HEREBY CERTIFY, That I attended deceased from

Mar 5 1939, to Mar 7 1939

I last saw him alive on Mar 7 1939. Death is said

to have occurred on the date stated above, at 8:10 pm.

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

Acute dilatation of heart.

Date of onset

Other contributory causes of importance:

Fractured hip 14 yrs ago

nephritis, constipation

nephritis due to alcoholism

Name of operation

Date of

What test confirmed diagnosis?

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

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?

If so, specify

(Signed) Geo S. Mitchell

(Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5010-10-22-38

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-663

Date Filed 4-17-39