

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.

REC'D APR 15 1939

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

Do not use this space.

11213

1. PLACE OF DEATH

County Jasper Registration District No. 443  
Township Mount Pleasant Primary Registration District No. 5555-C  
City Webb Hospital (No. WEBB CITY) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 18

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Purcell MO

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 1 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
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) Purcell  
(STATE OR COUNTRY) Missouri

FATHER  
13. NAME William D. Purcell

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

MOTHER  
15. MAIDEN NAME Julia Ford

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

17. INFORMANT Mrs. Ruth Lee  
(ADDRESS) Purcell, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Purcell Cem. DATE Mar. 24, 1939

19. UNDERTAKER Knee Mortuary  
(ADDRESS) South Ave. Mo.

20. FILED MCH. 23. 39 19 \_\_\_\_\_  
H. Pritchett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to March 21, 1939

I last saw him alive on March 20, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Pulmonary  
Silico-Pneumonia  
Other contributory causes of importance: 22  
Neuroptysis  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? No op. 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? Yes  
If so, specify \_\_\_\_\_  
(Signed) Jerry E. Douglas, M. D.

(Address) Short City, 377

RECEIVED

District Health Officer No. 6,

District File Number 6-39-692

Date Filed APR 3 1939