

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

certificate misplaced not found

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

Do not use this space.

REC'D NOV 18 1938

35671

1. PLACE OF DEATH

County Calloway 2 Registration District No. 116
Township Shower 1 Primary Registration District No. 5166
City _____ (No. _____) _____ St. _____ (Ward)

File No. 60
Registered No. 60

2. FULL NAME

(a) Residence, No. Star R. Wellsville Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred all life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 3 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co

13. NAME July Purvis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

15. MAIDEN NAME Eliza Lail

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT J. J. Purvis (ADDRESS) Wellsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Nov 8 1938

19. UNDERTAKER (ADDRESS) Chris Arnold Union, Mo.

20. FILED 11-8 1938 E. Paul Armstrong Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1928, to Nov. 6 1938

I last saw him alive on Nov. 6 1938. Death is said to have occurred on the date stated above, at 11 A. m.

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

Hemiplegia
General arteriosclerosis ? yrs

Other contributory causes of importance: g.i.

Mitral stenosis ? yrs.

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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 none Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Dr. G. H. Hank M. D.

(Address) Wellsville, Mo.

Date of onset 7-28

