

FILED OCT 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32249

184

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>361 South Benton</u>				d. STREET ADDRESS (If rural, give location) <u>361 South Benton</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nettie</u>		b. (Middle) <u>Prudence</u>		c. (Last) <u>Purcell</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 10, 1867</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Young A. Purcell</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		ADDRESS <u>Arrow Rock, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
19a. DATE OF OPERATION <u>331X</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		20. AUTOPSY? YES ☐ NO ☐		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		21c. HOW DID INJURY OCCUR? <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22a. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22b. ADDRESS <u>Marshall, Mo.</u>	
22c. DATE SIGNED <u>10/5/51</u>		22d. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22e. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22f. DATE OF BIRTH <u>June 10, 1867</u>	
22g. SEX <u>Female</u>		22h. COLOR OR RACE <u>White</u>		22i. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22j. DATE OF BIRTH <u>June 10, 1867</u>	
22k. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22l. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22m. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22n. DATE OF BIRTH <u>June 10, 1867</u>	
22o. FATHER'S NAME <u>Young A. Purcell</u>		22p. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22q. NAME OF HUSBAND OR WIFE _____		22r. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22s. SOCIAL SECURITY NO. <u>None</u>		22t. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22u. ADDRESS <u>Arrow Rock, Mo.</u>		22v. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22w. DATE OF OPERATION <u>331X</u>		22x. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22y. AUTOPSY? YES ☐ NO ☐		22z. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22aa. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22ab. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22ac. HOW DID INJURY OCCUR? <u>None</u>		22ad. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22ae. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22af. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22ag. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22ah. ADDRESS <u>Marshall, Mo.</u>	
22ai. DATE SIGNED <u>10/5/51</u>		22aj. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22ak. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22al. DATE OF BIRTH <u>June 10, 1867</u>	
22am. SEX <u>Female</u>		22an. COLOR OR RACE <u>White</u>		22ao. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22ap. DATE OF BIRTH <u>June 10, 1867</u>	
22aq. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22ar. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22as. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22at. DATE OF BIRTH <u>June 10, 1867</u>	
22au. FATHER'S NAME <u>Young A. Purcell</u>		22av. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22aw. NAME OF HUSBAND OR WIFE _____		22ax. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22ay. SOCIAL SECURITY NO. <u>None</u>		22az. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22ba. ADDRESS <u>Arrow Rock, Mo.</u>		22bb. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22bc. DATE OF OPERATION <u>331X</u>		22bd. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22be. AUTOPSY? YES ☐ NO ☐		22bf. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22bg. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22bh. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22bi. HOW DID INJURY OCCUR? <u>None</u>		22bj. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22bk. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22bl. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22bm. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22bn. ADDRESS <u>Marshall, Mo.</u>	
22bo. DATE SIGNED <u>10/5/51</u>		22bp. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22bq. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22br. DATE OF BIRTH <u>June 10, 1867</u>	
22bs. SEX <u>Female</u>		22bt. COLOR OR RACE <u>White</u>		22bu. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22bv. DATE OF BIRTH <u>June 10, 1867</u>	
22bw. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22bx. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22by. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22bz. DATE OF BIRTH <u>June 10, 1867</u>	
22ca. FATHER'S NAME <u>Young A. Purcell</u>		22cb. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22cc. NAME OF HUSBAND OR WIFE _____		22cd. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22ce. SOCIAL SECURITY NO. <u>None</u>		22cf. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22cg. ADDRESS <u>Arrow Rock, Mo.</u>		22ch. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22ci. DATE OF OPERATION <u>331X</u>		22cj. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22ck. AUTOPSY? YES ☐ NO ☐		22cl. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22cm. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22cn. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22co. HOW DID INJURY OCCUR? <u>None</u>		22cp. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22cq. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22cr. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22cs. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22ct. ADDRESS <u>Marshall, Mo.</u>	
22cu. DATE SIGNED <u>10/5/51</u>		22cv. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22cw. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22cx. DATE OF BIRTH <u>June 10, 1867</u>	
22cy. SEX <u>Female</u>		22cz. COLOR OR RACE <u>White</u>		22da. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22db. DATE OF BIRTH <u>June 10, 1867</u>	
22dc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22dd. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22de. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22df. DATE OF BIRTH <u>June 10, 1867</u>	
22dg. FATHER'S NAME <u>Young A. Purcell</u>		22dh. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22di. NAME OF HUSBAND OR WIFE _____		22dj. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22dk. SOCIAL SECURITY NO. <u>None</u>		22dl. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22dm. ADDRESS <u>Arrow Rock, Mo.</u>		22dn. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22do. DATE OF OPERATION <u>331X</u>		22dp. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22dq. AUTOPSY? YES ☐ NO ☐		22dr. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22ds. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22dt. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22du. HOW DID INJURY OCCUR? <u>None</u>		22dv. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22dw. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22dx. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22dy. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22dz. ADDRESS <u>Marshall, Mo.</u>	
22ea. DATE SIGNED <u>10/5/51</u>		22eb. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22ec. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22ed. DATE OF BIRTH <u>June 10, 1867</u>	
22ee. SEX <u>Female</u>		22ef. COLOR OR RACE <u>White</u>		22eg. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22eh. DATE OF BIRTH <u>June 10, 1867</u>	
22ei. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22ej. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22ek. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22el. DATE OF BIRTH <u>June 10, 1867</u>	
22em. FATHER'S NAME <u>Young A. Purcell</u>		22en. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22eo. NAME OF HUSBAND OR WIFE _____		22ep. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22eq. SOCIAL SECURITY NO. <u>None</u>		22er. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22es. ADDRESS <u>Arrow Rock, Mo.</u>		22et. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22eu. DATE OF OPERATION <u>331X</u>		22ev. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22ew. AUTOPSY? YES ☐ NO ☐		22ex. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22ey. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22f0. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22f1. HOW DID INJURY OCCUR? <u>None</u>		22f2. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22f3. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22f4. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22f5. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22f6. ADDRESS <u>Marshall, Mo.</u>	
22f7. DATE SIGNED <u>10/5/51</u>		22f8. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22f9. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22fa. DATE OF BIRTH <u>June 10, 1867</u>	
22fb. SEX <u>Female</u>		22fc. COLOR OR RACE <u>White</u>		22fd. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22fe. DATE OF BIRTH <u>June 10, 1867</u>	
22ff. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22fg. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22fh. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22fi. DATE OF BIRTH <u>June 10, 1867</u>	
22fj. FATHER'S NAME <u>Young A. Purcell</u>		22fk. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22fl. NAME OF HUSBAND OR WIFE _____		22fm. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22fn. SOCIAL SECURITY NO. <u>None</u>		22fo. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22fp. ADDRESS <u>Arrow Rock, Mo.</u>		22fq. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22fr. DATE OF OPERATION <u>331X</u>		22fs. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22ft. AUTOPSY? YES ☐ NO ☐		22fu. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22fv. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22fw. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22fx. HOW DID INJURY OCCUR? <u>None</u>		22fy. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22fz. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22g0. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22g1. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22g2. ADDRESS <u>Marshall, Mo.</u>	
22g3. DATE SIGNED <u>10/5/51</u>		22g4. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22g5. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22g6. DATE OF BIRTH <u>June 10, 1867</u>	
22g7. SEX <u>Female</u>		22g8. COLOR OR RACE <u>White</u>		22g9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22ga. DATE OF BIRTH <u>June 10, 1867</u>	
22gb. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22gc. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22gd. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22ge. DATE OF BIRTH <u>June 10, 1867</u>	
22gf. FATHER'S NAME <u>Young A. Purcell</u>		22gh. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22gi. NAME OF HUSBAND OR WIFE _____		22gj. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22gk. SOCIAL SECURITY NO. <u>None</u>		22gl. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22gm. ADDRESS <u>Arrow Rock, Mo.</u>		22gn. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22go. DATE OF OPERATION <u>331X</u>		22gp. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22gq. AUTOPSY? YES ☐ NO ☐		22gr. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22gs. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22gt. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22gu. HOW DID INJURY OCCUR? <u>None</u>		22gv. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22gw. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22gx. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22gy. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22gz. ADDRESS <u>Marshall, Mo.</u>	
22h0. DATE SIGNED <u>10/5/51</u>		22h1. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22h2. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22h3. DATE OF BIRTH <u>June 10, 1867</u>	
22h4. SEX <u>Female</u>		22h5. COLOR OR RACE <u>White</u>		22h6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22h7. DATE OF BIRTH <u>June 10, 1867</u>	
22h8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22h9. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22ha. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22hb. DATE OF BIRTH <u>June 10, 1867</u>	
22hc. FATHER'S NAME <u>Young A. Purcell</u>		22hd. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22he. NAME OF HUSBAND OR WIFE _____		22hf. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22hg. SOCIAL SECURITY NO. <u>None</u>		22hi. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22hj. ADDRESS <u>Arrow Rock, Mo.</u>		22hk. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22hl. DATE OF OPERATION <u>331X</u>		22hm. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22hn. AUTOPSY? YES ☐ NO ☐		22ho. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22hp. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22hq. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22hr. HOW DID INJURY OCCUR? <u>None</u>		22hs. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22ht. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22hu. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22hv. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22hw. ADDRESS <u>Marshall, Mo.</u>	
22hx. DATE SIGNED <u>10/5/51</u>		22hy. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22hz. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22ia. DATE OF BIRTH <u>June 10, 1867</u>	
22ib. SEX <u>Female</u>		22ic. COLOR OR RACE <u>White</u>		22id. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22ie. DATE OF BIRTH <u>June 10, 1867</u>	
22if. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22ig. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22ih. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22if. DATE OF BIRTH <u>June 10, 1867</u>	
22ig. FATHER'S NAME <u>Young A. Purcell</u>		22ih. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22ii. NAME OF HUSBAND OR WIFE _____		22ij. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22ik. SOCIAL SECURITY NO. <u>None</u>		22il. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22im. ADDRESS <u>Arrow Rock, Mo.</u>		22in. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22io. DATE OF OPERATION <u>331X</u>		22ip. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22iq. AUTOPSY? YES ☐ NO ☐		22ir. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22is. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22it. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock, Missouri</u>		22iu. HOW DID INJURY OCCUR? <u>None</u>		22iv. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
22iu. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22j0. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.		22j1. SIGNATURE (Degree or title) <u>Dr. J. H. Lewis</u>		22j2. ADDRESS <u>Marshall, Mo.</u>	
22j3. DATE SIGNED <u>10/5/51</u>		22j4. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22j5. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22j6. DATE OF BIRTH <u>June 10, 1867</u>	
22j7. SEX <u>Female</u>		22j8. COLOR OR RACE <u>White</u>		22j9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		22ja. DATE OF BIRTH <u>June 10, 1867</u>	
22jb. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		22jc. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		22jd. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		22je. DATE OF BIRTH <u>June 10, 1867</u>	
22jd. FATHER'S NAME <u>Young A. Purcell</u>		22je. MOTHER'S MAIDEN NAME <u>Belle Dickson</u>		22jf. NAME OF HUSBAND OR WIFE _____		22jg. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
22jh. SOCIAL SECURITY NO. <u>None</u>		22jf. INFORMANT'S SIGNATURE OR NAME <u>Mrs Watson Diggs</u>		22jg. ADDRESS <u>Arrow Rock, Mo.</u>		22jh. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>	
22ji. DATE OF OPERATION <u>331X</u>		22jh. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>		22jj. AUTOPSY? YES ☐ NO ☐		22jk. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
22jl. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		22jj. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					

RECEIVED

10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-8-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.