

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

Do not use this space.

12127
~~13127~~

1. PLACE OF DEATH
 35 County Franklin Registration District No. 287
 Township Clay Primary Registration District No. 5405
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME Anna Virginia Purman
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1916
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 5 26
 8. OCCUPATION OF DECEASED School girl
 (a) Trade, profession, or particular kind of work. (duration) yrs. mos. ds. 18
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

PARENTS
 10. NAME OF FATHER A. Purman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 12. MOTHER'S NAME OF MOTHER Effie Stevenson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Mrs J. S. Purman
 (Address) Hammersville Mo

15. FILED 4/18 1932 B. J. Cape
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1932
 17. 2 HEREBY CERTIFY, That I attended deceased from Apr 9 1932 to Apr 16 1932 that I last saw h. _____ alive on Apr 16 1932 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
 CONTRIBUTORY (SECONDARY) from laceration (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED 13B
 IF NOT AT PLACE OF DEATH (D)

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS W. H. Case (Signed) _____ M. D.
 _____, 19 _____ (Address) Hammersville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hammersville Mo DATE OF BURIAL 4-17 1932

20. UNDERTAKER County ADDRESS _____

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.

MAY 3 4 1932

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

