

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.

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

Do not use this space.

37133

DEC 20 1935

1. PLACE OF DEATH  
County St. Clair Registration District No. 761  
Township Monegan Primary Registration District No. 6014  
City Marion Mo. (No. .... St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Lawrence Purvis  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josie Purvis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 9. 1871</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Matton, Ill.</u>		
FATHER	13. NAME <u>E. D. Purvis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not given Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Graham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know not given</u>	
17. INFORMANT <u>Shelby Purvis</u> (ADDRESS) <u>Appleton City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harmony Cemetery</u> DATE <u>11/20/1935</u>		
19. UNDERTAKER <u>H. C. Austin</u> (ADDRESS) <u>Louisa City Mo</u>		
20. FILED <u>Dec 8 1935</u> <u>A. P. Kennedy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19/1935

22. I HEREBY CERTIFY, That I attended deceased from June 8 1935, to Nov 25 1935.  
I last saw him alive on Nov 19 1935. Death is said to have occurred on the date stated above, at 10:15 pm.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis, ch.  
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Other contributory causes of importance:  
Nephritis, ch.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? No  
If so, specify.....  
(Signed) [Signature], M. D.  
(Address) Appleton City, Mo

