

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

Do not use this space.

AUG 24 1936

27402

**1. PLACE OF DEATH**

County Monroe Registration District No. 582 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4344 Registered No. 46  
City Paris, Missouri (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
51

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Monroe Co. Mo.

MOTHER & FATHER 13. NAME Taylor Galbreth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

15. MAIDEN NAME Jennie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. S. Mo.

17. INFORMANT Myrtle Galbreth (ADDRESS) Holiday Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE 7/13, 1936

19. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Missouri

20. FILED JUL 10 1936 H. C. Payne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 10 1936, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to July 10, 1936

I last saw her alive on July 9, 1936 Death is said

to have occurred on the date stated above, at 9:45 A.M.

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

Endo Carditis with a, septic  
myocarditis  
Cause not known

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chinaph 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 \_\_\_\_\_

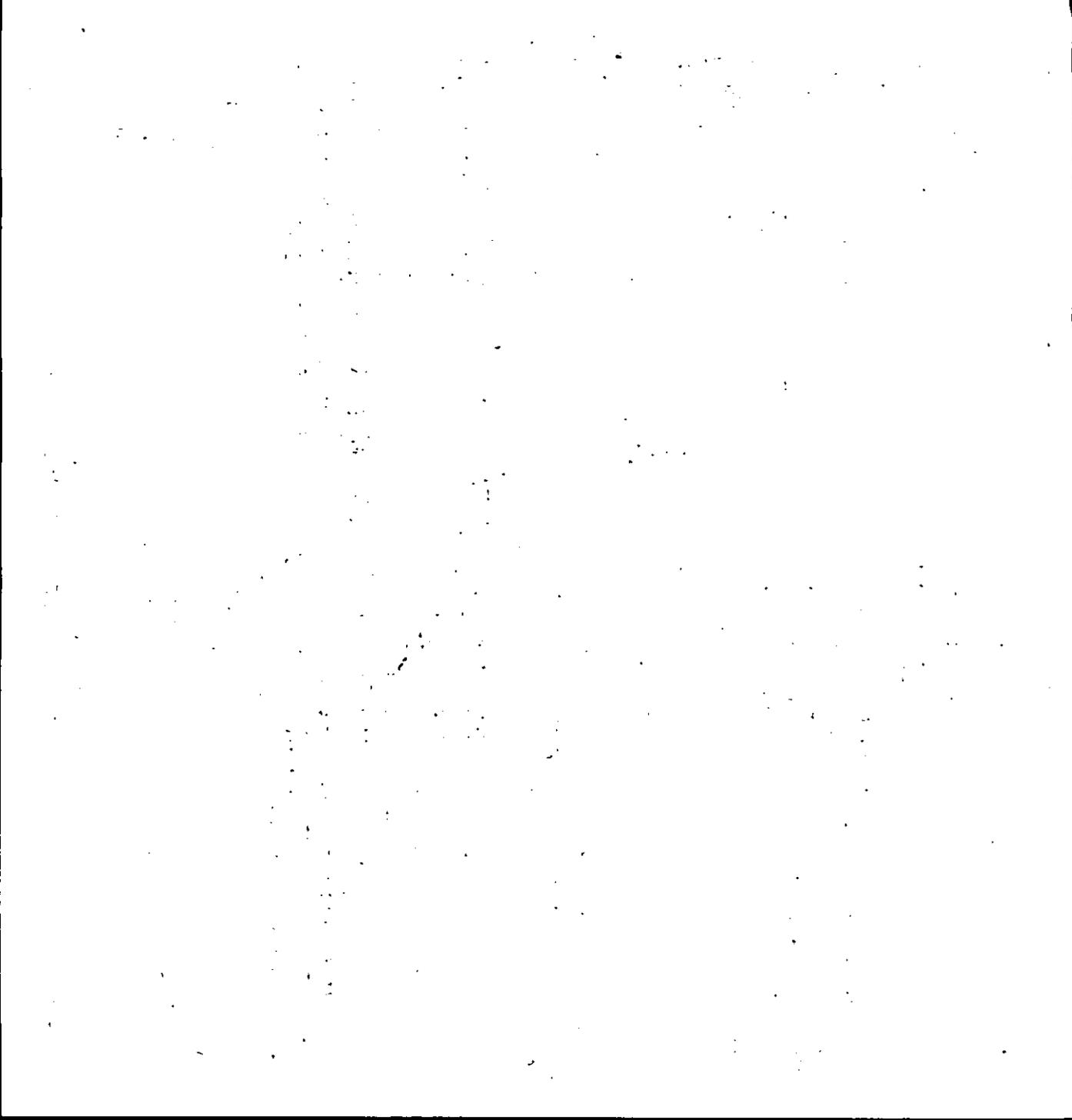
Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) H. C. Payne, M. D.

(Address) Paris, Missouri



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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Monroe  
Township.....  
City Paris (No. ...., St. ...., Ward)

Registration District No. 582  
Primary Registration District No. 4344

File No. ....  
Registered No. ....

**2. FULL NAME**

(a) Residence, No. ...., St. ...., Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Doit know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 Doit know

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-10 1936 H. C. Payne Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936

22. I HEREBY CERTIFY, that I attended deceased from 19... to 19... 19... 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:  
Ischemic Carditis  
Date of onset

Other contributory causes of importance:  
chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?  
If so, specify (Signed) H. C. Payne, M. D.  
(Address) Paris Mo

S-27402

RECEIVED  
FEB 11 1964  
U.S. AIR FORCE  
HEADQUARTERS  
WASHINGTON, D.C.