

NOV 17 1937

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

Do not use this space.

37596

1. PLACE OF DEATH

County Franklin  
Township Calvey  
City Robertsville (No. \_\_\_\_\_)

Registration District No. 5416  
Primary Registration District No. 293

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Sylvester Pursley

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 10 17

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) Robertsville, Mo. (STATE OR COUNTRY)

13. NAME John Pursley

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

15. MAIDEN NAME Sally Jamison

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

17. INFORMANT John Pursley (ADDRESS) Robertsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Oct. 29, 1937

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair, Mo.

20. FILED 10-31-1937 Mary Gross Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1937, to 10-27, 1937. I last saw h.l.m. alive on 10-26, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Lobar Pneumonia Date of onset 10-18-37

Other contributory causes of importance: 108  
Sealily

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Physic 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) Dr. Henry M. M. D.

(Address) Union, Mo.

