

N. E.—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.

Dec, 15-1859
REC'D FEB 24 1939

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

Do not use this space.

2907

File No. 20
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 County Lincoln Registration District No. 497
 Township Mouree Primary Registration District No. 5-1-2
 City Old mouree (No. U.S.S. 2)
 2. FULL NAME Henry H. Purles
 (a) Residence, No. Old mouree Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or use the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Requin Purles deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 1 19
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Lincoln Co
 MOTHER FATHER
 13. NAME Henry Purles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Henry Purles Jr. Old mouree
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old mouree Mo DATE 7/7 1939
 19. UNDERTAKER (ADDRESS) Walter & Kathly Old mouree Mo
 20. FILED 9/16 1939 H. K. Keen Registrar.

MEDICAL CERTIFICATE OF DEATH

12 P.M.
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Feb. 4, 1939
 I last saw him alive on Feb. 4, 1939 Death is said to have occurred on the date stated above, at 12 Midnight
 The principal cause of death and related causes of importance were as follows: -
Chronic Bronchitis Date of onset _____
followed by
Lobar Pneumonia
Left Lower Lobe
 Other contributory causes of importance: old age. 108
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical examination 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? No
 If so, specify _____
 (Signed) J. J. Allevato, M. D.
448 (Address) Winfield, Mo.

