

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

11935
Do not use this space.

APR 13 1939

1. PLACE OF DEATH PLATTE ²
 (a) County Registration District No. 693
 (b) Township Primary Registration District No. 415
 (c) City EDGERTON (d) Street No. St.
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 624 HARRY WILBUR PURSEL
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE **4. COLOR OR RACE** WHITE **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. Addie Purse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/20/64
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Oquaka Illinois
13. NAME Jack Purse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oquaka Illinois
15. MAIDEN NAME Nancy Millhouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) Mrs. Addie Purse
Edgerton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Point Cem 3/11 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Virian Rollins
Edgerton Mo.
20. FILED 4/5 1939 Virian R. Hall 6:24
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939, to Mar 9 1939
 I last saw him alive on Mar 9 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 2/9/39
 Other contributory causes of importance: 82 m
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
 Specify Walter S. Hood, M. D.
Edgerton Mo.
 (Signed) Walter S. Hood, M. D.
 (Address) Edgerton Mo.

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.

RECEIVED

DISTRICT HEALTH OFFICE NO. 111

PHILADELPHIA, PA. 3.9-3.25

APR 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Firmin Rollins Nash*, Registered Apprentice No. _____ working under my personal supervision.

Signed *Firmin Rollins Nash*

Licensed Embalmer No. 3947

P. O. Address Edgerton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.