

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

Do not use this space.

DEC 15 1939

39702

1. PLACE OF DEATH

County Greene Registration District No. 328
 Township 1 Primary Registration District No. 3017
 City Shrenton (No. _____) (City _____) (Ward _____)

File No. _____
 Registered 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 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 5 26

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) Douglas Co. /
 (STATE OR COUNTRY) Colorado

13. NAME Thos. D. Purdy /

14. BIRTHPLACE (CITY OR TOWN) N.Y. /
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Jane Davis

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

17. INFORMANT Paul J. Purdy
 (ADDRESS) Harris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris Mo. Cemetery DATE Aug. 14 - 1939

19. UNDERTAKER B. R. Riggins
 (ADDRESS) Miller Mo.

20. FILED 8-14 1939 J. Irene D. Fair
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 . 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to Aug. 12, 1939.
 I last saw him alive on Aug. 12, 1939. Death is said to have occurred on the date stated above, at 5:25 a.m.

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

Pulmonary Embolism following an operation for perforated gastric ulcer performed July 31 - 1939

Other contributory causes of importance: 117 a

Name of operation Laparotomy Date of 7-31-39

What test confirmed diagnosis? Operation 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) B. H. Kullers / M. D.

3/4 (Address) Shrenton, Mo.

n. s. - 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.

NOV 23 1939
District Health Officer No. 11;
District Health Officer 1239-1607
Date Paid