

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Buchanan ..... Registration District No. ....  
Township.....  
City..... St. Joseph ..... (No. 2104 Savannah Ave. ..... St. .... Ward)

File No. 19520  
Registered No. 655

**2. FULL NAME**

Katherine Nancy Pursel  
(a) Residence, No. 2104 Savannah Ave. ..... St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	62	1	26	

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) Rosendale, Mo.

13. NAME Jacob Schnitzius

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

15. MAIDEN NAME Mary J. Holliday

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

17. INFORMANT Arthur J. Pursel  
(ADDRESS) 2104 Savannah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE June 5, 1934

19. UNDERTAKER Walter Meinhoffer  
(ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 4 1934 John R. ... Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17<sup>th</sup>, 1933, to June 2<sup>nd</sup>, 1934  
Last saw her alive on 2<sup>nd</sup> June, 1934 Death is said to have occurred on the date stated above, at 7.00 m. P.M.

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

nephritis, Chronic  
131  
92A  
131  
Other contributory causes of importance: renal insufficiency

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  
If so, specify  
(Signed) Dr. John Spencer, M.D.  
(Address) Wickpatrick Bldg, St. Joseph, MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1934  
511  
11

235  
10

