

FEB 15 1937

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

Do not use this space.

68

1. PLACE OF DEATH

4 County Andrew Registration District No. 175
Township Saling Primary Registration District No. 136
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Benjamin Franklin Purkey
(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

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11th 1872

7. AGE YEARS 64 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) (STATE OR COUNTRY) Andrew Co., Mo.13. NAME Anderson Purkey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensburg15. MAIDEN NAME Un Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mr J F Purkey18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark, Mo.19. UNDERTAKER Central20. FILED 1/26 1937 J. M. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 25, 1937.I last saw him alive on Jan 25, 1937. Death is saidto have occurred on the date stated above, at 7 A. m.

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

Pneumonia (lobar) Date of onset _____Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Exam 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) [Signature], M. D.(Address) Centralia 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.

