

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

Do not use this space.

2510

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **32**

City **St. Louis** (No.) St. Ward)

Barnard Hospital St. Ward)

2. FULL NAME

Collins Purdy

Stamton, Ill

(a) Residence. No. St., **21** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. **1** mos. **1** 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) **Widowed**

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

6. DATE OF BIRTH **Monday AND YEAR 1852**

AGE	YEARS	MONTHS	DAYS	If less than 1 day
76	—	—	—	—

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired farmer**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Dorchester**
 (STATE OR COUNTRY) **Ill.**

PARENTS
 10. NAME OF FATHER **Mr C. Purdy**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Dorchester**
 (STATE OR COUNTRY) **Ill.**
 12. MAIDEN NAME OF MOTHER **Sabian Bess**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ill.**
 (STATE OR COUNTRY)

14. INFORMANT **Mrs Madison Cox**
 (Address) **Stamton, Illinois**

15. FILED **1928** **Mar 6 Starr** **coll**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-1-28** 19**28**

17. I HEREBY CERTIFY, That I attended deceased from **11-29-27** 19**27**, to **1-1-28** 19**28**, and that I last saw him alive on **1-1-28** 19**28**, and that death occurred, on the date stated above, at **10:45** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of floor
56

(duration) **24** yrs. mos. ds.

CONTRIBUTORY **Metastatic Ca and emaciation**
 (SECONDARY)

(duration) yrs. mos. **21** ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
 IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **11-30-27**
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Microscopic**
 (Signed) **JAMES KNIGHT** M. D.
 , 19 (Address) **Barnard Hosp. Caret Hospital**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Stamton, Illinois** DATE OF BURIAL **Jan 3 1928**

20. UNDERTAKER **Wm. Stutzman** ADDRESS **Stamton Illinois**

WRITE PAINLY, 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.

