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

Do not use this space.

17594

1. PLACE OF DEATH
County: Dunklin
Township:
City: Malden (No. , St. Ward)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 82

2. FULL NAME: Martha Parlee Thruston

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. H. Thruston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19-1871

7. AGE: Years 60 | Months 0 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Dixon Co, Tenn.

FATHER
13. NAME: James H. Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davidson Co, Tenn.

MOTHER
15. MAIDEN NAME: Drucinda Atkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dixon Co. Tenn

17. INFORMANT (ADDRESS): A. D. Moore, Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malden Mo. DATE: 5-7 1931

19. UNDERTAKER (ADDRESS): W. L. Craig, Malden Mo.

20. FILED: 5/6 1931 L. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 5, 1931
I last saw her alive on 5/5/1931, 10, 19. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset May 1, 1931
131
130
121

Other contributory causes of importance:
Chron. Nephritis — Date of onset April 1931

Name of operation: None Date of: ✓
What test confirmed diagnosis? Clinical 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) Graydon Carleton M. D.
(Address) Malden 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.

JUN 25 1931

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