

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington No. _____ St. _____ Ward _____

File No. 16314
 Registered No. 41

2. FULL NAME

Mary Elizabeth Purzner
 (a) Residence, No. 415 Oak St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1931

7. AGE YEARS 2 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Washington Missouri

13. NAME Carl S. Purzner 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

15. MAIDEN NAME Elsa Emma Hartbauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

17. INFORMANT (ADDRESS) Carl S. Purzner

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE May 7th 1934

19. UNDERTAKER (ADDRESS) Niebus & Vitt, Inc.
Washington, Mo.

20. FILED May 6 - 1934 Hawaii Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1934 to May 5, 1934

I last saw h. er alive on May 5, 1934. Death is said to have occurred on the date stated above, at 5:25 P. m.

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

Measles
107A

Date of onset April 17
1934

Other contributory causes of importance: Broncho Pneumonia

April 26
1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? No 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) J. D. Murphy, M. D.
 (Address) Washington, Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. JUN 21 1934

