

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

Do not use this space.

17610

File No. \_\_\_\_\_  
Registered No. 79  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Remick Registration District No. 607  
Township Little Prairie Primary Registration District No. 4088  
City Cynthiana (No. \_\_\_\_\_)

**2. FULL NAME** Mrs. Leona Purdy

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Purdy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-31-1881</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>08</u>
	DAYS <u>029</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>	
MOTHER	11. Total time (years) spent in this occupation <u>Life</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard N.Y.</u>	
	13. NAME <u>Henry Throbridge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
15. MAIDEN NAME <u>Emma Harbert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>George Purdy, Cynthiana, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Prairie Cemetery May 31 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. O. Tooy, Cynthiana, Mo.</u>		
20. FILED <u>June 9 1934 Uda Montre</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to May 29, 1934

I last saw him alive on May 29, 1934. Death is said to have occurred on the date stated above, at 8 a. m.

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

For 4 years  
3.03, 1934 lungs  
23A  
none

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? no 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. B. Larkin M. D.  
(Address) Cynthiana

ADKINS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934

202222

