

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

Do not use this space.

JAN 17 1936

40469

1. PLACE OF DEATH
 County Nodaway Registration District No. 619
 Township White Cloud Primary Registration District No. 5818
 City Maryville, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 15

2. FULL NAME Martha Lucretia Purviance.
 (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) Widowed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh H. Purviance.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1852
 7. AGE YEARS 83. MONTHS 9. DAYS 21. 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) Indiana.

MOTHER FATHER
 13. NAME Franklin D. Blake.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER FATHER
 15. MAIDEN NAME Mary Cleveland.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT Harry Purviance.
 (ADDRESS) Maryville

18. BURIAL, CREMATION, OR REMOVAL PLACE Swan Chapel DATE Dec. 10, 1935

19. UNDERTAKER Price Funeral Home.
 (ADDRESS) Maryville, Mo.

20. FILED 12/10 19 35 Chas. D. Humboldt
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1935 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to Dec 8, 1936
 I last saw h. alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 1 A.M.

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

apoplexy - with right sided paralysis.
Contributed to thrombosis arterio Myocardial degeneration

Date of onset

Other contributory causes of importance:

Name of operation _____ 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.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Nature of injury _____

(Signed) H. M. Wallis Jr., M. D.
 (Address) Maryville Mo.

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.

RECORD WITH GRADING INK—THIS IS A PERMANENT RECORD

121010

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967