

MAR 23 1936

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

Do not use this space.

6693

1. PLACE OF DEATH

County Linn Registration District No. 504
Township South Primary Registration District No. 4307
City Purdin (No. _____) St. _____ Ward _____

2. FULL NAME

Miss Mary Jane Purdin

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alexander Purdin</u> ^{hus}		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 1849</u>		
7. AGE	YEARS	MONTHS
	<u>86</u>	<u>7</u>
		DAYS
		<u>15</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>House wife</u>	
	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) <u>1-9-31</u>	11. Total time (years) spent in this occupation <u>5 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Mo.</u>		
FATHER	13. NAME <u>Wm. H. Street</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mathie Jenkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>	
17. INFORMANT <u>Wm. Street</u> (ADDRESS) <u>Purdin Purdin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purdin Purdin</u> DATE <u>Dec 3 - 1936</u>		
19. UNDERTAKER <u>W. W. Burdette</u> (ADDRESS) <u>Browning Mo.</u>		
20. FILED <u>2-2-</u> 1936 <u>U. C. Dryden</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 193622. I HEREBY CERTIFY, That I attended deceased many years as family physicianI last saw h. alive on _____, 19____. Death is saidto have occurred on the date stated above, at 8 P. m.

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

Senility
no apparent disease
Invalid since about
1931

Date of onset

Other contributory causes of importance:

Name of operation NO Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) U. C. Dryden, M. D.(Address) Purdin Mo.

