

From my Edna Purviance file

Edna's Death Certificate January 1958

Gerald (Jerre) Smith
<http://jerre.com>



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

6		58-007060		CERTIFICATE OF DEATH		7053		775	
DECEDENT PERSONAL DATA		1. NAME OF DECEASED—GIVEN NAME EDNA		2. LAST NAME PURVIANCE		3. DATE OF BIRTH January 13, 1898		4. SEX Female	
		5. RACE Caucasian		6. ETHNICITY Neveda		7. AGE AT DEATH 61		8. SOCIAL SECURITY NUMBER 573-07-2037	
		9. NAME AND BIRTHPLACE OF FATHER Madison Gates Purviance—Ill.		10. MOTHER NAME AND BIRTHPLACE OF MOTHER Louise Davoy—England		11. PLACE OF BIRTH U. S. A.		12. PRESENT OR LAST OCCUPATION OF DECEASED Motion Pictures	
		13. LAST OCCUPATION Actress		14. NAME OF LAST EMPLOYING COMPANY OR FIRM Charles Chaplin Enterprises		15. PRESENT OR LAST OCCUPATION OF SPOUSE No		16. MARRIAGE STATUS Widowed	
PLACE OF DEATH		17. PLACE OF DEATH Motion Picture County Home and Hosp.		18. STREET ADDRESS 23430 Ventura Blvd.		19. CITY OR TOWN Los Angeles		20. COUNTY Los Angeles	
LAST USUAL RESIDENCE		21. LAST USUAL RESIDENCE—STREET ADDRESS 336 North Beachwood Drive		22. CITY OR TOWN Los Angeles		23. COUNTY Los Angeles		24. STATE California	
PHYSICIAN'S OR CORONER'S CERTIFICATION		25. PHYSICIAN'S NAME W. H. ...		26. PHYSICIAN'S ADDRESS Los Angeles		27. DATE SIGNED Jan. 14, 1958		28. NAME OF PHYSICIAN IN LOWER STATE REGISTRY Myrtle N. Wooders	
FUNERAL DIRECTOR AND LOCAL REGISTRAR		29. NAME OF FUNERAL DIRECTOR Cremation		30. ADDRESS Los Angeles		31. DATE SIGNED Jan. 16, 1958		32. NAME OF FUNERAL DIRECTOR IN LOWER STATE REGISTRY Forest Lawn Memorial Park	
CAUSE OF DEATH		33. CAUSE OF DEATH Carcinoma of breast with metastases		34. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Hypertension		35. DATE OF DEATH Jan. 16, 1958		36. TIME OF DEATH 11:00 AM	
MEDICAL AND AUTOPSY		37. OPERATION—CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Other		38. DATE OF OPERATION Jan. 16, 1958		39. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		40. PLACE OF OPERATION Forest Lawn Memorial Park	
INJURY INFORMATION		41. SPECIFY ACCIDENT, DISEASE, OR HOMICIDE		42. DESCRIBE HOW INJURY OCCURRED		43. TIME OF INJURY		44. PLACE OF INJURY	



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
S. Kimberly Betsh, Director and State Registrar of Vital Records
by: *[Signature]*
GEORGE B. PETERSON, JR., M.D., M.P.H. CHIEF
ACTING STATE REGISTRAR

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This copy is valid unless prepared on pre-printed forms bearing the seal and signature of Registrar.

