

JUN 25 1935

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

Do not use this space.

## 1. PLACE OF DEATH

 County Monticau  
 Township Walker  
 City California

 Registration District No. 591  
 Primary Registration District No. 4335

 File No. 17190  
 Registered No. 30  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

 (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

 3. SEX Male  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1860  
 7. AGE YEARS 74 MONTHS 7 DAYS 13  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Monticau Co  
(STATE OR COUNTRY) Mo13. NAME John Burke Drift14. BIRTHPLACE (CITY OR TOWN) Peoria  
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Priestley16. BIRTHPLACE (CITY OR TOWN) Peoria  
(STATE OR COUNTRY)17. INFORMANT Mrs J. F. Drift  
(ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cem DATE 5/3 193519. UNDERTAKER William F. Fried Meyer  
(ADDRESS) California20. FILED 5-2 1935 H. R. Popejoy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1, 193522. I HEREBY CERTIFY, That I attended deceased from April 30 1935, to 5-1, 1935I last saw him alive on 5-1, 1935 Death is saidto have occurred on the date stated above, at 11 m.

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

Strangulated Hernia

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

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

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 1935

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) L M Gray, M. D.(Address) California

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.

