

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

Do not use this space.

21310

1. PLACE OF DEATH

County Jackson

Registration District No.

Township 1 East

Primary Registration District No.

City K.C. Mo.

(No. 413 Wallace)

File No.

Registered No. 2002

St.

Ward)

2. FULL NAME

Virginia Simplea Dravin

(a) Residence, No. 413 Wallace St. 10 Ward.

Length of residence in city or town where death occurred

1 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

female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 9 - 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

1

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

K.C.

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Joseph W. Dravin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Cairo Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bella Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Rosco

(STATE OR COUNTRY)

Mo.

14. INFORMANT

Joseph W. Dravin

(Address)

413 Wallace

15. FILED

7-2, 1927

M. M. Crowe

REGISTRAR

asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 1st 1927

17. I HEREBY CERTIFY, that I attended deceased from

....., 19....., to 19.....
that I last saw h..... alive on July 1st, 1927, and that death occurred on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status typhosicus
61 (Large Pyramus)

CONTRIBUTORY (SECONDARY)

62

18. WHERE WAS DISEASE CONTRIBUTING?

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. S. Nelson

7-1, 1927 (Address) Springboro

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Washington July 2 1927

20. UNDERTAKER

Rose & Co - 15 Jackson

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.

