

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

Do not use this space.

39245

1. PLACE OF DEATH

County Hawaii
Township West Plains, Mo
City West Plains, Mo

Registration District No. 3824
Primary Registration District No. 4777

File No. 116
Registered No. _____
St. _____ Ward)

2. FULL NAME

Eliza Francis Drinnon

(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 Fr 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Drinnon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1853

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>10</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY)

10. NAME OF FATHER Purtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT Mrs C. H. Drinnon
(Address) Grand Prairie

15. FILED 12-8-30 OMA Hemmicks
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1930 to Dec 1, 1930 that I last saw h. fr. alive on Nov 30, 1930 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia - Bilat
107A
11641

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Dr. Thomas, M. D.

171, 130 (Address) West Plains, Mo

*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

Home

DATE OF BURIAL

12-7-1930

20. UNDERTAKER

McFarland's West Plains, Mo

ADDRESS

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.

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