

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

Do not use this space.

24

1. PLACE OF DEATH

County Andrew Registration District No. 9  
Township Frankton Primary Registration District No. 4006  
City Polston (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 2  
Registered No. 9

2. FULL NAME

Dorothy Lou Drake  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polston Missouri

FATHER 13. NAME John Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Mo Missouri

MOTHER 15. MAIDEN NAME Maggie Landiff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs John Landiff Polston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Polston Cem DATE Jan 7 1931

19. UNDERTAKER (ADDRESS) J. W. Logan Polston Mo

20. FILED Jan 7 1931 J. W. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan - 2 1931, to death, 1931.  
I last saw her alive on Jan 5 1931. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:  
108

Croupous Pneumonia

Other contributory causes of importance:  
108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1931

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) W. Logan Wood, M. D.  
(Address) Polston Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 2 2 1 1931

