

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

Do not use this space.

448

PLACE OF DEATH

County Cape Girardeau
Township
City (No.)

Registration District No. 125
Primary Registration District No. 3009

File No.
Registered No. 579
St. Ward)

2. FULL NAME

Aster Drury
(a) Residence. No. Somerset Brook 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26th - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) H. Severine, Mo.

10. NAME OF FATHER

E. Drury

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Blount Co. Mo.

12. MAIDEN NAME OF MOTHER

E. Dupont

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) H. Severine, Mo.

14. INFORMANT

Wm. G. Drury
(Address) H. Severine, Mo.

15. FILED

1/8 1931 W.C. Campbell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/8, 1931, to Jan 8, 1931, that I last saw him alive on Jan 8, 1931, and that death occurred, on the date stated above, at 2 21 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of Lungs,
Caused by accidental fall in the
Missouri River

CONTRIBUTORY (SECONDARY)

106 A. (duration) yrs. 4 hrs. ds.
111 B. yrs. 16 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms

(Signed) Thos. Walker, M. D.

1/8, 1931 (Address) Cape Girardeau

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

H. Severine, Mo.

DATE OF BURIAL

1-11-31 19

20. UNDERTAKER

Ornickoff-House Geo. House Shreveport
Mo.

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.

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

JAN 19 1931

