

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

Do not use this space.

18530

1. PLACE OF DEATH

55 County Lawrence
Township Mont Vernon
City (No.)

Registration District No. 470
Primary Registration District No. 5633

File No.
Registered No. 32
St. Ward)

2. FULL NAME

Cecil Drby
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4, 1908</u>		
7. AGE	YEARS	MONTHS
	<u>23</u>	<u>2</u>
		<u>14</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Farming</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18, 1931
17. I HEREBY CERTIFY, That I attended deceased from 5/15, 1930, to 5/18, 1931, that I last saw him alive on 5/17, 1931, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Salmonary tuberculosis
2A
(duration) 2 yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY)

23
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Everton, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray and post. aut. pt.

(Signed) J. B. Stokes, M. D.

5/18, 1931 (Address) Mont Vernon, 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

DATE OF BURIAL

Shilo Cemetery 5-19-1931

20. UNDERTAKER

ADDRESS

Morris & Leiman Miller Mo.

PARENTS

9. BIRTHPLACE (CITY OR TOWN) <u>Dade Co., Mo.</u> (STATE OR COUNTRY)
10. NAME OF FATHER <u>Wish J. Drby</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Dade Co., Mo.</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Maie H. Edmonson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Clark Co., Ky.</u> (STATE OR COUNTRY)

14. INFORMANT V. G. Drby
(Address) Miller, Mo.
FILED 11, 1931 W. J. Fulton
REGISTRAR

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.

JUN 27 1931

