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

Do not use this space.
33315

1. PLACE OF DEATH
91 County: Ripley — Registration District No.: 751 — File No.: 429
Township: Union — Primary Registration District No.: 5990 — Registered No.: 52
City: ~~Naylor~~ (No. ..., St. ..., Ward)

2. FULL NAME: Rosetta Mettie Drew –
(a) Residence, No. ... Naylor Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR) WIFE OF~~: child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3 – 1930
7. AGE: Years 2 — Months 9 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Naylor, Mo – / Ripley Co. Mo – 1

FATHER
13. NAME: Fred Drew –
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Mt. Vernon – / Jefferson Co. Ill.

MOTHER
15. MAIDEN NAME: Mollie Stroud –
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Louisville – / Clay Co. Ill –

17. INFORMANT (ADDRESS): Fred Drew – Naylor Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Naylor, Mo — DATE: Oct. 30, 1932 — Naylor Cem –
19. UNDERTAKER (ADDRESS): Minnie Gish – Naylor, Mo –
20. FILED: Oct 31, 1932 — N Tewalt — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932, to Oct 29, 1932
I last saw h. alive on Oct 28, 1932. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute nephritis with suppression of urine | |
| 10 hrs | |
| 30 | |
| Other contributory causes of importance: | |
| Postabortal condition followed attack of pleuroangal nephritis | |

Name of operation: no — Date of
What test confirmed diagnosis? clinical — 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, 19
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) N Tewalt, M. D.
(Address) Naylor

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