

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois  
Township Rolls  
City St. Francois (No. ....)

Registration District No. 224B  
Primary Registration District No. 6818B

File No. 33847  
Registered No. .... St. .... Ward)

2. FULL NAME Joseph Drab

(a) Residence, No. St. Francois St., .... Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1880

7. AGE YEARS 52 MONTHS 9 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead mines

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 COUNTRY) Austria Hungary

13. NAME Steel Drab

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

15. MAIDEN NAME Dont Mrs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Mrs

17. INFORMANT Anna Drab (ADDRESS) St. Francois Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francois DATE Jan 7, 1933

19. UNDERTAKER C. J. Boyer (ADDRESS) Presque Mission

20. FILED Jan 8, 1933 W. J. Dwyer Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1933

I HEREBY CERTIFY, that I attended deceased from Jan 2 - 1933 to Jan 4, 1933  
I last saw him alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Lobar pneumonia  
Influenza  
Date of onset 1-5-33  
Dec. 31/32

Name of operation ..... 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) W. J. Dwyer, M. D.  
(Address) Flat River Mo

