

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

Do not use this space.

1. PLACE OF DEATH

County Butter Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. _____) _____ (St. _____ Ward _____)

File No. 19645
Registered No. 138

2. FULL NAME

Norma Jean Drew
(a) Residence, No. 202 Park Ave. SW Ward _____ (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-26-1926

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief
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 COUNTRY) Poplar Bluff Mo.

13. NAME Harry Drew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

15. MAIDEN NAME Mildred Disbennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo.

17. INFORMANT (ADDRESS) Harry Drew Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 7-1 1934

19. UNDERTAKER (ADDRESS) Frank Unof & Co Poplar Bluff

20. FILED 7-6- 1934 W. S. Bailey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1934 to 6-29 1934.
I last saw him alive on 6-29 1934. Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:
Diphtheria
10 10 6-20 34
Other contributory causes of importance:
nasal cavity heavily infected with diphtheria

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Wm. H. Hensley, M. D.
(Address) Poplar Bluff 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.

JUL 12 1934

