

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

Do not use this space.

JAN 11 1935

41885

**1. PLACE OF DEATH**

County Barry  
 Township McDonald  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 21  
 Primary Registration District No. 2045-A

File No. \_\_\_\_\_  
 Registered No. 27 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Drucilla Elizabeth Myers

(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid for 3 years.  
 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) Barry County MO

13. NAME Sam B. Heaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

15. MAIDEN NAME Heimer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County MO

17. INFORMANT (ADDRESS) Lattie J. Smith  
Curdy St. No. 22 MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornhart DATE 12/12/34

19. UNDERTAKER (ADDRESS) W. D. Brown  
Cassville MO

20. FILED 12-26 1934 Mattie Blankenship Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1934 to Dec 19 1934  
 I last saw her alive on Dec 10th 1934 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Acute Tubercular Pneumonia  
Chronic Pulmonary Tuberculosis

Other contributory causes of importance: \_\_\_\_\_

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) J. D. Baldwin, M. D.  
 (Address) Purdy MO

Date of onset 1934

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.

