

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

Do not use this space.

JAN 14 1935

45589

1. PLACE OF DEATH

County Jackson Registration District No. 868
 Township Merrell Primary Registration District No. 6149 File No. _____
 City _____ (No. _____) St. _____ Ward _____ Registered No. 44

2. FULL NAME

Mary Evelyn Drinkley
 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren Drinkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	24		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wage
 10. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maples Mo

13. NAME Mrs. Kirk

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

15. MAIDEN NAME Martha Neff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Springs Mo

17. INFORMANT Mary Drinkley
 (ADDRESS) 1215 1/2 N. 34th St. Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Cem DATE Nov 15, 1934

19. UNDERTAKER Smith Ferguson
 (ADDRESS) 2nd St. Jackson Mo

20. FILED 12/15/34 J. W. Reed
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on Dec. 14, 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Tuberculosis of lungs Date of onset 1933
May

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? Yes
 If so, specify _____

(Signed) J. W. Reed M.D.

(Address) Jackson 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.

