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.

5

FEB 18 1935

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

Do not use this space.

89

1. PLACE OF DEATH
County Barry — Registration District No. 31 — File No.
Township Butterfield — Primary Registration District No. 6240 — Registered No. 2
City (No. , St. Ward)

2. FULL NAME Dollie M. Drinkwater
(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 F. M. — 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	4	15	

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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Springs Barry County, Mo

FATHER
13. NAME J. P. Drinkwater
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Atkisson
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) John Drinkwater

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Wood DATE Jan 23 1935

19. UNDERTAKER (ADDRESS) W. D. Kaon Cassville Mo

20. FILED 2-9 1935 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to date of death 19
I last saw her alive on Jan 1-20, 1935. Death is said to have occurred on the date stated above, at 1:25 A.m.
The principal cause of death and related causes of importance were as follows:

Flow & Pneumonia — Date of onset

Other contributory causes of importance: NA

Name of operation Date of
What test confirmed diagnosis? None 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 Dr. S. W. Chandler
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S. W. Chandler, M. D.
(Address) Cassville Mo