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.

FEB 19 1935

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

Do not use this space.

1419

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. —
Township KAW — Primary Registration District No. 1002 — Registered No. 35
City KANSAS CITY (No. 1332 - JEFFERSON St. Ward)

2. FULL NAME MRS. MARGARET DREW
(a) Residence, No. 1332 - JEFFERSON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 34 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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF ALEX DREW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-29-1855

7. AGE: YEARS 79 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) TENNESSEE

FATHER
13. NAME CHARLES KING
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MR. ELBA DREW 408 WEST 14TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SALEM CEMETERY EXCELSIOR SPRINGS, MO. DATE JANUARY 21 1935

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED Jan 20, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1934, to Jan. 18, 1935
I last saw her alive on Jan. 18, 1935. Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

Senility, Bronchi Pneumonia (Jan. 14) — Date of onset

1870

Other contributory causes of importance: Chronic Bronchitis, arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? — 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) Edson C. Carrier M. D.
(Address) 1722 W. 39th, K-C, Mo.

1722 - West. 39th St.
3-20-4:20