

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

Do not use this space.

35620

1. PLACE OF DEATH ^{DEC 18 1935}
County Darress Registration District No. 252
Township _____ Primary Registration District No. 4152
City Jamesport (No. _____) St. _____ Ward _____
2. FULL NAME Martha Alice Dravin
(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 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 2
Registered No. 51

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Dravin

22. I HEREBY CERTIFY That I attended deceased from Nov. 30 1935, to Nov 30 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1870

I last saw her alive on Nov 30 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 8 19

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

Tricuspid Regurgitation with Mitral Insufficiency Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 _____

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Oxford

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? No.

15. MAIDEN NAME Martha Lockridge

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Frankie Endicott, Uniontown Missouri

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport DATE DEAD 1935

Nature of injury _____

19. UNDERTAKER (ADDRESS) Bert C. Davis, Uniontown Mo

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED Nov. 30 1935 Nelle Wiley Registrar.

(Signed) F. B. Bailey, D.D. (Address) Jamesport, 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.

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