

Dr. S.P.M.

FEB 20 1936

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

Do not use this space.

2198

1. PLACE OF DEATH

County Mississippi
Township St. Francis
City St. Louis

Registration District No. 567
Primary Registration District No. 56768

File No. _____
Registered No. 6
St. _____ Ward)

2. FULL NAME

John Richard Drew

(a) Residence, No. Mississippi Co. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mattie Campbell Drew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1845
7. AGE YEARS 90 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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. Farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

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

13. NAME John R. Drew

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) John H. Drew East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gay 2-6 DATE 1936

19. UNDERTAKER (ADDRESS) Wm M Shelby East Prairie Mo

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 20 to Jan 25 1936
I first saw him alive on Jan 20 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

apoplexy cerebral

Other contributory causes of importance:

SA

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) St. Martin, M. D.
(Address) Emerita

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

