

FEB 25 1936

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

Do not use this space.

8942

1. PLACE OF BIRTH

County Clinton
Township Clinton
City Clinton (No.)

Registration District No. 1027
Primary Registration District No. 6196

File No.
Registered No. St. Ward

2. FULL NAME

William Bronchy Drim

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 - 1896

7. AGE YEARS 39 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Oakwood Ill

13. NAME James Drim

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

15. MAIDEN NAME Margaret Drim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ossipee Iowa

17. INFORMANT (ADDRESS) Mrs. James Drim

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest DATE 2-9-1936

19. UNDERTAKER (ADDRESS) Botten F. Home, Goddard

20. FILED Feb 7 1936 J. Brumathman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 - 1935 to Feb 6 1936. I last saw him alive on Feb 6 1936. Death is said to have occurred on the date stated above, at 5 P. m.

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

Flu

Date of onset

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?

If so, specify

(Signed) Rabyn, M. D.

(Address)

NOV 7 1955

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