APR 15 1936

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

Do not use this space.

9173

1. PLACE OF DEATH
County Bates — Registration District No. 48
Township Homer — Primary Registration District No. 4025
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mary Virginia Drysdale
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 18, 1861

7. AGE: YEARS 74 — MONTHS 5 — 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. 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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Ohio

FATHER
13. NAME: Geo. W. Park.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Ohio

MOTHER
15. MAIDEN NAME: Susan Quantance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Ohio

17. INFORMANT (ADDRESS): Omer Drysdale Amoret Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE March 11, 1936

19. UNDERTAKER (ADDRESS): Culver Butler Mo.

20. FILED 4/11 1936 Mrs Carl Hall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Mar 9, 1936
I last saw her alive on Mar 9, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pyloric End of Stomach	Mar 1/1935
	1 yr

Other contributory causes of importance: 46

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? no
If so, specify .....
(Signed) J M Smith, M. D.
(Address) Amoret 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.