

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

Do not use this space.

33771

1. PLACE OF DEATH OCT 20 1936
 County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. Route 3) St. _____ Ward _____

2. FULL NAME Charles Drowns
 (a) Residence, No. 125 E. Buffalo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 56 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Drowns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1879

7. AGE YEARS 57 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934 **11. Total time (years) spent in this occupation** _____

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

13. NAME William Drowns

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

15. MAIDEN NAME Mary Glokler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Phillin Drowns 125 E. Buffalo St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mount Auburn Cem. Sept. 18, 1936

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED Sept. 17, 1936 B. H. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1936, to 9-15 1936
 I last saw h. _____ alive on 9-14 1936; Death is said to have occurred on the date stated above, at 1:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis chronic
92 a
 Other contributory causes of importance: Arteriosclerosis general
 Date of onset _____
 Name of operation No Date of _____
 What test confirmed diagnosis? None 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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. J. Franzen M. D.
 (Address) 670 Francis St.

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.

