

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Mr Vernon tract Primary Registration District No. 5633
City Mr Vernon Mo (No. Mo State Sanatorium) St. _____ Ward)

File No. 34627

Registered No. 106

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Poplar Bluff Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 10 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 Delbert Tison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13-1915

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
21 | 11 | 13

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) Butler Co Mo.

13. NAME Vernon Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Ida Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT E. M. Michaels Rec. U.S.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Sanatorium DATE 9/28/37

19. UNDERTAKER (ADDRESS) Geo B Orr
Mr Vernon Mo.

20. FILED Sep 28 1937 P. A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1936 to Sept 26 1937

I last saw her alive on Sept 26 1937 Death is said

to have occurred on the date stated above, at 5:30 P.m.

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

Pneumonia Tuberculosis Date of onset 1935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Chas H Greeney, M. D.

(Address) not known

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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