

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Calwood
City (No.)

Registration District No. 108
Primary Registration District No. 5157a

File No. 37312
Registered No. 245
St. Ward

2. FULL NAME

John J. Drinkard
(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Georgia Ann Drinkard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 24

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

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) Missouri13. NAME John Drinkard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Branch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs. John White, Fulton, Mo.18. BURIAL, CREMATION, OR REMOVAL

PLACE Hilf Forest Cemetery DATE Oct 11, 1937

19. UNDERTAKER (ADDRESS) Geo. L. Wallace, Fulton, Mo.20. FILED Oct 11, 1937 R. N. Cross Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 9, 1937 to Oct 9, 1937. I last saw him alive on Oct 9, 1937. Death is said

to have occurred on the date stated above, at 4 pm. The principal cause of death and related causes of importance were as follows:

Myocardial Infarction (Date of onset) 10/9/37

Other contributory causes of importance: Name of operation none Date of What test confirmed diagnosis Phys Exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 noneNature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) John White, M. D.(Address) Fulton Mo

CAUSE OF DEATH IN MAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

