

1939 SEP 12 1939

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

Dr. Wetzel medals
29173
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 657
 (c) City SPRINGFIELD (d) Street No. 975 S Jefferson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 6.50 Margaret M. Drum
 (a) Residence, No. 975 S Jefferson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Drum (Dec 1905)
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Act 79
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Greene County Mo
 FATHER 13. NAME Thomas Yabley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 MOTHER 15. MAIDEN NAME Elizabeth Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 17. INFORMANT (ADDRESS) George Hayes 975 S Jefferson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Aug 26 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Dwyer 270 S. 1st St
 20. FILED Aug 26 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1939, to Aug 24 1939
 I last saw her alive on Aug 24 1939. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 4-23-39
946
 Other contributory causes of importance:
Arterial hypertension 15 yrs.
 Name of operation 0 Date of 0
 What test confirmed diagnosis? Clinical 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 2
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Leslie B. Webb M. D.
 (Address) Springfield, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X