

Registration District No. **193989**

Primary Registration District No. **5131**

Registrar's No. **275**

1. PLACE OF DEATH:
(a) County Brunswick
(b) City or town Brunswick Mo. RR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Brunswick Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Brunswick
(c) City or town Brunswick RR
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wm Drew. b b i
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Lena Drew 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 31 - 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming 9

11. Industry or business _____ 0

MOTHER FATHER { 12. Name Sam Drew 18. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name _____ 15. Birthplace Candela M. Lintz. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____ (b) Address _____

17. (a) Buried (b) Date thereof Nov. 15-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elder, Gen

18. (a) Signature of funeral director Lambert Son (b) Address Campbell Mo

19. (a) 11/16/39 (b) Alutstinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1909 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 6, 1909, to Nov 12, 1909;
that I last saw him alive on Nov 12, 1909;
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage Duration _____
gum abscess 3 days

Due to Typhoid fever
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Lee Harold (M. D. or other) _____
Address Poplar Bluff Mo Date signed 11/16/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.