

RECORDED DEC 1 1939

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

39999
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson 2 Registration District No. 420
 (b) Township Jefferson 1 Primary Registration District No. 3022 Registered No. 67
 (c) City Desoto Mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 84 yrs. mos. ds.

2. PRINT FULL NAME Margaret Martin Drysdale

(a) Residence, No. 601 Bay St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Drysdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1848

7. AGE YEARS 91 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle England

FATHER

13. NAME George Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Ellenor Chris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. J.B. Turubough Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 11-17 39

19. FUNERAL DIRECTOR (ADDRESS) Charles B. Dettich Desoto Mo

20. FILED 12-1 1939 Jeneva Dornell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1939 to Nov 14 1939
 I last saw him alive on Nov 14 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Essential Hypertension Date of onset ?
General Infirmities of age
 Other contributory causes of importance:
General Infirmities of age
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Char B Dettich (Signed) _____ M. D.
Desoto Mo (Address) _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)