

112 JUN 22 1940

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

18868
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 470
 (b) Township 7-22 Primary Registration District No. 5633 Registered No. 34
 (c) ~~City~~ Mt. Vernon, Mo. (d) Street No. Missouri State Sanatorium 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 1 yrs. 5 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Madge Drew
 (a) Residence, No. Kennett, Missouri 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1917</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>9</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Factory Worker</u>			
	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) <u>AUGUST 1938</u>			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holcomb Missouri</u>				
FATHER	13. NAME <u>Jim Drew</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Jennie Furry</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>May 18, 1940</u> 1940
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 28</u> , 19 <u>38</u> to <u>May 18, 1940</u> 1940	
I last saw her alive on <u>May 18</u> , 19 <u>40</u> Death is said to have occurred on the date stated above, at <u>12:30 P. M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis? <u>Sputum</u>	Was there an autopsy? <u>no</u>
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? <u>no</u> Specify _____ (Signed) <u>J. Jones MD</u> _____, M. D. (Address) <u>Mt. Vernon, Mo</u>	

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kennett, Mo. DATE May 21 1940
 19. FUNERAL DIRECTOR (NAME) B. Alvorn Furry & Son
 (ADDRESS) Kennett, Mo.
 20. FILED 5-19- 1940 R. A. Holmes
 Local Registrar.

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.

RECEIVED

District Health Officer No. 6,

District File Number 640-1377

Date Filed JUN 10 1940

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. 2556

P. O. Address Kennerly, 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.