

SEP 16 1940

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

28199  
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138  
 (b) Township Egypt Primary Registration District No. 4078 Registered No. 58  
 (c) City Norborne (d) Street No. \_\_\_\_\_ 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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Franklin Drew  
 (a) Residence, No. Norborne, Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Drew 1853

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) 15 yrs. ago 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Mo

FATHER 13. NAME John P. Drew

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

MOTHER 15. MAIDEN NAME Polly Brisendine

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

17. INFORMANT (ADDRESS) John Drew Norborne, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville Cem. DATE Aug. 20, 40

19. FUNERAL DIRECTOR (ADDRESS) W. T. Stroud Norborne, Mo

20. FILED Aug. 19 1940 B. P. Toll Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1940, to August 18, 1940  
 I last saw him alive on August 18, 1940. Death is said to have occurred on the date stated above, at 9:55 a. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation with gangrene, left foot.

Date of onset

Other contributory causes of importance:

Arteriosclerosis  
Prostatic hypertrophy  
Hypertensive pulmonary

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Paul Marshall, M. D.

(Address) 211 South Pine, Norborne, 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.

RECEIVED  
District Health Officer No. 8,  
District File Number 9-5-40  
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J. P. Stroud, Licensed Embalmer No. 2406

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. P. Stroud  
Licensed Embalmer No. 2406

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.)