

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.

NOV 22 1936

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

Do not use this space.

37067

1. PLACE OF DEATH

County Chariton
Township Cunningham
City _____ (No. _____)

Registration District No. 176
Primary Registration District No. 5244

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME John A. Dryden

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Dryden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15/1851

7. AGE YEARS 85 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Linnéus, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Nathaniel J Dryden

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

MOTHER 15. MAIDEN NAME Martha H. Russell

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

17. INFORMANT A. J. Dryden (ADDRESS) Sumner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dryden-Russell DATE 10/23, 1936

19. UNDERTAKER S. L. Leopard (ADDRESS) Mendon Mo.

20. FILED Oct 22 1936 A. L. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MCNTH, DAY, AND YEAR) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Oct 22, 1936

I last saw him alive on Oct 22, 1936 Death is said to have occurred on the date stated above, at 2.20 A. M.

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

Bronchopneumonia Date of onset Oct 22 1936

Other contributory causes of importance

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 _____, 1936

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 _____ (Signed) J. H. Hardy, M. D.
(Address) Sumner Mo.

