

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

1 PLACE OF DEATH

County Grundy
Township
or
Village
or
City Trenton

Registration District No. 330
Primary Registration District No. 3017
(NO. 704 W. 5th St. Ward)

File No. 6184
Registered No. 17

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Alta Drinkard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

6 DATE OF BIRTH March 3 1914
(Month) (Day) (Year)

7 AGE 1 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Trenton Mo.

PARENTS
10 NAME OF FATHER Richard Drinkard
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Trenton, Mo.
12 MAIDEN NAME OF MOTHER Ruth Danner
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Freeport, Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Drinkard
(Address) Trenton, Mo.

15 Filed Apr 4 1916 E. A. Bluff
Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 7 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1 1916 to July 7 1916, that I last saw her alive on July 7 1916, and that death occurred, on the date stated above, at 11:40 p. m.

The CAUSE OF DEATH* was as follows:
Whooping Cough
9 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
8 (Signed) G. L. Webster M. D.
July 8 1916 (Address) Trenton Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Kopf. Cemetery DATE OF BURIAL Feb. 9 1916

20 UNDERTAKER Wm. Gibson ADDRESS Trenton 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.

