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

Do not use this space.

34058 49

1. PLACE OF DEATH
County: Dunklin — Registration District No. 283 — File No.
Township: Bragg — Primary Registration District No. 5402 — Registered No.
City: — (No. ..... St. ..... Ward)

2. FULL NAME: Billie Joe Drope
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(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.

NOV 24 1931

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Inf.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ———
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-8-1928
7. AGE: Years 3 — Months 11 — Days 20 — If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ———
(b) General nature of industry, business, or establishment in which employed (or employer) ———
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Drope
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.
12. MAIDEN NAME OF MOTHER: Wilma Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: John Drope
(Address): Cordwell Mo.

15. FILED 10-29, 1931 — E. D. Newson, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-29 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct-23, 1931, to Oct-29, 1931, that I last saw h..... alive on Oct-29, 1931, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial Fever & Pneumonia
38
1929
38 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature], M. D.
, 19 (Address) Cordwell Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cordwell Mo. — DATE OF BURIAL: 10-30 1931
20. UNDERTAKER: Howard & Anderson — ADDRESS: Cordwell Mo.