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.

64-10-

MAR 23 1932

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

Do not use this space.

5182

1. PLACE OF DEATH

50 County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 5

City Herculaneum (No. , St. Ward)

2. FULL NAME Eliza Jane Drinnen

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham Drinnen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

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) Feb. 3rd., 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belews Creek Missouri

FATHER

13. NAME Richard Drinnen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Lucinda Medley

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

17. INFORMANT (ADDRESS) Geo. N. Murphy Herculaneum Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 2/17/32 19

19. UNDERTAKER (ADDRESS) Duester and Vinyard Festus Mo.

20. FILED 3/16 1932 E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1932 to Feb 14 1932

I last saw her alive on Feb 14 1932 Death is said to have occurred on the date stated above, at 9:40 p m.

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

Lobar Pneumonia

108

① 108

Date of onset

Other contributory causes of importance: none

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? No 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) Dr. O. E. Hensley, M. D.

(Address) Herculaneum Mo.