FILED FEB 17 1941

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

3521
Do not use this space.

71

1. PLACE OF DEATH
(a) County Morgan — Registration District No. 598
(b) Township Moreau — Primary Registration District No. 4355 — Registered No. 50
(c) City Versailles — (d) Street No. 11 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 71 yrs. mos. ds.

2. PRINT FULL NAME Stephen Holiday Drysdale
(a) Residence, No. Versailles, Missouri St.
(Usual place of abode, if no street address, write county or city) (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): Widowed 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary ~~Harper~~ Campbell Ivey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 30 1859
7. AGE: YEARS 81 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Mail carrier
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana
Near Carthage Rush Co Ind.

FATHER
13. NAME: William Drysdale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
Near Mt Sterling Montgomery Co. Ky.

MOTHER
15. MAIDEN NAME: Elizabeth ~~Janet~~ Ernest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record
Shelby Co Tenn

17. INFORMANT (ADDRESS): X L. T. Drysdale, Versailles, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles City DATE JAN 13TH 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. F. Kidwell, Versailles, Mo
20. FILED 1-11- 1941 Will F. Berry, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1941, to Jan. 11, 1941
I last saw him alive on Jan. 10, 1941. Death is said to have occurred on the date stated above, at 6:49 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cholecystitis with extreme Flatulence	

Other contributory causes of importance:

93 B

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 ....., 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? No
If so, specify .....
(Signed) P. F. Eckhoff D.O. M.D.
840 (Address) Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
AGE should be stated EXACTLY. PHYSICIANS should state

JUN 25 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Gene Bartram

Licensed Embalmer No. 6021

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Cole

State File No. 3521

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 50

On this 13th day of February, 1941, before me appears Stephen Henry Drysdale, who, upon his oath, states that the original record of ~~birth~~ death for Stephen Holiday Drysdale, ~~born~~ died January 11, 1941, in the State of Missouri, and which was filed at Versailles on Jan. 11, 1941, should be corrected as follows:

Item No. 5A should read Mary Campbell Ivey
Instead of Mary Harper

Item No. 12 should read Near Carthage, Rush County, Indiana
Instead of Indiana

Item No. 13 should read William Drysdale
Instead of Wm. Drysdale

Item No. 14 should read Near Mount Sterling, Montgomery County, Kentucky
Instead of Kentucky

Item No. 15 should read Elizabeth Ernest
Instead of Jane ~~Earnest~~ Ernest

Item No. 16 should read Shelby County, Tennessee
Instead of No Record

Item No. 22 should read at 6:49 A. M.
Instead of 6:49 M.

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Stephen Henry Drysdale Grand Child
Relationship.

Versailles Mo.
Present Address.

Subscribed and sworn to before me this 13th day of February, 1941.

My Commission expires Dec. 29, 1942 Irma Canada Notary Public

WRITE PLAINLY. Affidavits containing erasures will not be accepted; draw one line through error and write above it.