

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.

JUN 21 1933

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

Do not use this space.

19218

1. PLACE OF DEATH
 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Missouri Veterans Administration Facility Registered No. 92
 (No. of Precinct) 3rd Ward)

2. FULL NAME DRAKE, Robert W.
 (a) Residence, No. Veterans Hospital, Excelsior Springs, Mo., 370 West Marion St.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1890				
7. AGE	YEARS 43	MONTHS 0	DAYS 29	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown			
	10. Date deceased last worked at this occupation (month and year) unknown		11. Total time (years) spent in this occupation unknown	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri				
FATHER	13. NAME John Drake			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Margaret Lewis			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Records Veterans Hospital Excelsior Springs, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo. DATE 6-23-33 19				
19. UNDERTAKER John C. Bather (ADDRESS) Excelsior Springs Mo.				
20. FILED 6/24 19 33 J. D. Brown Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 23, 1933** 19

22. I HEREBY CERTIFY, That I attended deceased from **March 13, 1933** 19 to **June 23, 1933** 19

I last saw him alive on **June 23, 1933** 19 Death is said to have occurred on the date stated above, at **1:15 PM**

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

V. H. D. Mitral stenosis and regurgitation Date of onset

Other contributory causes of importance:
Congestive heart failure

Name of operation **none** Date of

What test confirmed diagnosis? **exam & obs** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **XX** Date of injury 19
 Where did injury occur? **XX**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
OR XX

Manner of injury **XX**
 Nature of injury **XX**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **XX**

(Signed) **J. D. Brooks, M. D.** , M. D.
 (Address) **Excelsior Springs, Mo.**

