

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>McDonald</u>			Registration District No. <u>517</u>	File No. <u>1872</u>	
Township _____ or Village _____			Primary Registration District No. <u>4311</u>	Registered No. <u>2</u>	
City <u>South West</u> (NO. _____) St. _____ Ward _____			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <u>William Nelson Drake</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u>	DATE OF DEATH <u>January 30<sup>th</sup></u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>June 30</u> , 187 <u>9</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 27</u> , 191 <u>2</u> , to <u>Jan 30</u> , 191 <u>2</u> , that I last saw him alive on <u>Jan 30</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4<sup>30</sup></u> a.m.		
AGE <u>32</u> yrs. <u>7</u> mos. <u></u> ds.		If LESS than 1 day, <u>9</u> hrs. or <u>3</u> min.?	The CAUSE OF DEATH* was as follows: <u>Gun shot wound followed by Septicemia</u> <u>193</u> <u>36</u> (Duration) <u>1</u> yrs. <u>3</u> mos. <u>3</u> ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Marshall(?)</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Nothing</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>E. G. Casade</u> M. D. <u>Jan 31</u> , 191 <u>2</u> (Address) <u>St. City Mo.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Boyer, Mo.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>William Drake</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Indiana</u>		Where was disease contracted If not at place of death? Former or usual residence _____		
	MAIDEN NAME OF MOTHER <u>Hester A Mitchell</u>		PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>		DATE OF BURIAL <u>1/31</u> , 191 <u>2</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Henry A Drake</u> (ADDRESS) <u>St. City Mo</u>			UNDERTAKER <u>Mahols Bros</u> Address <u>Southwest City Mo</u>		
Filed <u>Jan 31</u> , 191 <u>2</u> , <u>J. P. Beeson</u> REGISTRAR					

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

PLACE OF DEATH

County McDonald

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Southwest No. \_\_\_\_\_

Registration District No. 517  
Primary Registration District No. 4311

File No. 1872  
Registered No. 2

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

FULL NAME Milliam Nelson Drake

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(#rite the word)  
DATE OF BIRTH June 30 1879  
(Month) (Day) (Year)  
AGE 32 yrs. 7 mos. 7 ds.  
If LESS than 1 day, 2 hrs. or 3 min.

DATE OF DEATH Jan 30 1912  
(Month) (Day) (Year)  
HEREBY CERTIFY, that I attended deceased from June 27 1912 to Jan 30 1912  
that I last saw h. alive on Jan 30 1912  
and that death occurred, on the date stated above, at 7300 hrs.

OCCUPATION (a) Trade, profession, or particular kind of work Manual  
(b) General nature of industry, business, or establishment in which employed (or employer) nothing

The CAUSE OF DEATH\* was as follows:  
I'm shot wound (probably homicidal) followed by Spinaemia

BIRTHPLACE (City or town, State or foreign country) Coyle Mo

PARENTS  
NAME OF FATHER William Drake  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pa  
MAIDEN NAME OF MOTHER Estes A Mitchell  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa

Contributory E. L. Croftdale  
(SECONDARY) (Duration) yrs. mos. ds.  
(Signed) E. L. Croftdale M. D.  
Mar 9 1912 (Address) Southwest City Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Harry Drake  
(ADDRESS) Southwest City Mo

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

Filed Mar 9 1912 J. P. Benson  
REGISTRAR

PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 1-31 1912  
UNDERTAKER Nichols Brothers ADDRESS Southwest City

Original file, date JAN 31 1912 All information called for must be written on this Supplementary Certificate Mo

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RECORDING IN THIS IS A PERMANENT RECORD

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