

1928

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

Do not use this space.

32807

1. PLACE OF DEATH

County Richmond Registration District No. 85 1001
Township _____ File No. _____
City Joseph (No. The Mt. Hospital St. _____) Registered No. 1202
Ward _____

2. FULL NAME Julius Hugh Drake

(a) Residence. No. 437 No 17th St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur G. Drake

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 8 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

10. NAME OF FATHER John Smallwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Anna Smallwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT A G Drake
(Address) 437 No 17th

15. FILED Oct 22 1928 REGISTRAR John J. [Signature]

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 1928 to _____, 1928, and that I last saw him alive on Oct 20, 1928, and that death occurred, on the date stated above, at _____, 11:20 P. M. 140

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pilore abscess - Tubal - 1st
4 month pregnant - Malaria
followed by general Peritonitis from
leaky fundus (duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY General Peritonitis (duration) yrs. _____ mos. 3 weeks

18. WHERE WAS DISEASE CONTRACTED Joseph Mo. Oct 15

DID AN OPERATION PRECEDE DEATH? Yes DATE OF OPERATION Oct 8

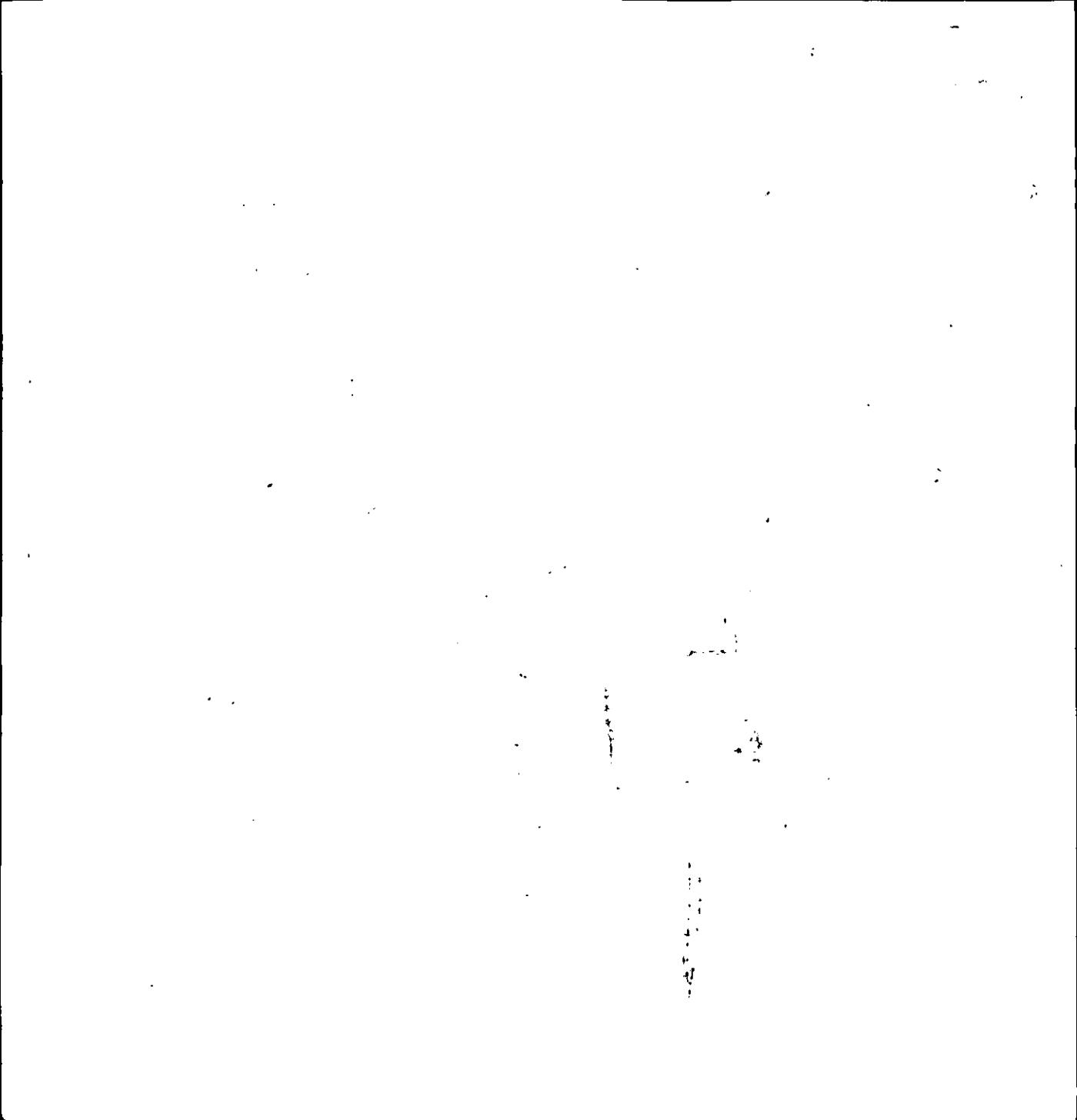
WAS THERE AN AUTOPSY? Yes DATE OF AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS? Waller (Signed) _____ M. D.

*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 Ashland Cen DATE OF BURIAL 10/20 1928

20. UNDERTAKER J L Stinson ADDRESS 216 20



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Buchanan Registration District No. 85 File No.
 Township Primary Registration District No. 1001 Registered No. 1202
 City St Joe (No.) St. Ward)

2. FULL NAME

Helma Ruth Drake
 (a) Residence. No. St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	It 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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

14. INFORMANT (Address)

15. FILE 11/28/28 John Drake REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pelvic abscess non tubercular
Shyptomania (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) General peritonitis (duration) yrs. mos. da.

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) W. W. Walker, M.D.

Nov 29, 1928 (Address) 301-28 St. Joseph
 *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 DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

S-32807