WHITE 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.

JAN 23 1929

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

Do not use this space.

41233

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553B — Registered No. 171
City Lee's Summit (No. ... St. ... Ward)

2. FULL NAME Zerelda Gratten Drake
(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 24 yrs. — 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-1856
7. AGE: Years 72 — Months 5 — Days 15 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Nicholasville (STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER Ephriam Drake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Zerelda Carlisle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

14. INFORMANT Mrs Mary Root (Address) Parnell Mo.
15. FILED 12-22, 1928 F. M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 21, 1928, that I last saw her alive on Dec 21, 1928, and that death occurred, on the date stated above, at 8:50 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Bronchial Pneumonia
109B
(duration) ... yrs. ... mos. 5 ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) several yrs. ... mos. ... ds.
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) A. G. Swaney, M. D.
Dec 22 1928 (Address) Lee's Summit Mo

*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: Greenwood Cemetery — DATE OF BURIAL: 12-22 1928
20. UNDERTAKER: R. C. Fields — ADDRESS: Lee's Summit Mo