

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.

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

Do not use this space.

1574

1. PLACE OF DEATH

County Jackson
Township North
City Kansas City

Registration District No. 399

Primary Registration District No. 4002

File No. 105

Registered No. 105

St. St. Luke's Hosp Ward

2. FULL NAME

(a) Residence. No. 2111 Tracy Ave St. 4 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs. Edna Palmer Drake

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

March 28 1880

7. AGE

YEARS 48

MONTHS 9

DAYS 14

IF 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

Supt. Ellis Home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

Edw. Drake

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Mary E. Cleveland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT

Mrs. Edna Palmer Drake

(Address)

2111 Tracy Ave

15.

FILED 1-13-29 M. M. Carver REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

Jan 12 1929

17.

I HEREBY CERTIFY That I attended deceased from Dec 30 1928 to Jan 12 1929

and I last saw him alive on 1-12-29 at 7:30 P and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Purulent

Bronchitis

acute nephritis

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Ellis Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Sawyer M. D.

1-13-29 (Address) 718 West 11th St

*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

Mt Moriah

DATE OF BURIAL Jan 14 1929

20. UNDERTAKER

DW Newcomer Sons City

(ADDRESS)

Dr. J. W. Smith

June 10, 1881

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