

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

Do not use this space.

40167

1. PLACE OF DEATH

County Waller Registration District No. 246
 Township Sherman Primary Registration District No. 3-381
 City Texas (No.) St. Ward)

2. FULL NAME Minor P. 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Last name) Sarah J. Drake

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862-5th Oct

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3V 20 X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rock Crusher
 (b) General nature of industry, business, or establishment in which employed (or employer) road work
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER William Drake

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

12. MAIDEN NAME OF MOTHER Mary W. Paul

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

14. INFORMANT Mrs Sarah Drake
 (Address)

15. FILED Dec 29 1929 Anna J. Price
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/25 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2.00H

CONTRIBUTORY (SECONDARY) (duration) 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)....., M. D.

, 19 (Address)

*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

Edenberry MO 12/27 1929

20. UNDERTAKER ADDRESS

H. E. Teegarden Buffalo, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death.

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PARENTS

Mr. J. F. Fair
Tanner, Tex.

**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 Dallas Registration District No. 246 File No. _____
 Township Sherman Primary Registration District No. 5341 Registered No. 1
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Minor O. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rock Crusher
 (b) General nature of industry, business, or establishment in which employed (or employer) road work
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Memphis
 (STATE OR COUNTRY) MO

10. NAME OF FATHER William Drake

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

12. MAIDEN NAME OF MOTHER Mrs. N. Paul

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

14. INFORMANT Mrs. Sarah Drake
 (Address) Juno MO

15. FILED 2-10-30 John S. Mortimer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/25 1929

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:

Acute Heart Failure

CONTRIBUTORY (SECONDARY)

2050

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) Clair O. Hammond, M. D.

2-11-30 (Address) Buffalo 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 Edensburg MO DATE OF BURIAL 12/27 1929

20. UNDERTAKER H. E. Teegarden ADDRESS Buffalo MO

SUPPLEMENTARY

and Coroner.

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE REQUIRED.

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