

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

Do not use this space.
21757
~~21755~~
File No. _____
Registered No. **9**
St. _____ Ward _____

1. PLACE OF DEATH
County Wright Registration District No. 907
Township Plainsville Primary Registration District No. 4548
City Manassah

2. FULL NAME Wanda June 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. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE White 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) June 8-1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>10</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Fred N. Drake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Okla home
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Fannie Garland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Fred N. Drake
(Address) Manassah Mo

15. FILED 6/20 1930 J. D. Fuson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1930
17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to June 20, 1930, that I last saw him alive on June 10, 1930, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Disease of Infancy
10/10
(duration) _____ yrs. mos. 12 ds.
CONTRIBUTOR (SECONDARY) 162
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys ex
(Signed) J. D. Fuson, M. D.
June 20, 1930 (Address) Manassah 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 Clatshe Cemetery DATE OF BURIAL June 20 1930

20. UNDERTAKER F. A. Stoffe ADDRESS Manassah

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.

