

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

Do not use this space.

24778

1. PLACE OF DEATH

County *Greene*

Registration District No. *218*

Township *Springfield*

Primary Registration District No. *2701*

City *Springfield*

(No. *Surge Hospital*)

File No.

Registered No. *553*

St.

Ward)

2. FULL NAME

(a) Residence, No. *Kansas City No. 2709 East 52nd St.*

(Usual place of abode)

St. *East 52nd St.*

Ward.

(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

SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Deulah Draper</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 3-1903</i>		
7. AGE	YEARS <i>28</i>	MONTHS <i>2</i>
	DAYS <i>20</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Assistant operator</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Helper at Power House</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Kansas City, Mo. 131</i>	
	11. Total time (years) spent in this occupation <i>56A</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>		
FATHER	13. NAME <i>Harry F. Draper Sr.</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	15. MAIDEN NAME <i>Unknown</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	17. INFORMANT <i>Mrs Deulah Draper</i> (ADDRESS) <i>Kansas City, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Kansas City Mo</i> DATE <i>July 28 1931</i>		
19. INTERMENT <i>Springfield Mo</i> (ADDRESS) <i>4446 1/2 Blvd</i>		
20. FILED <i>7-23-31</i> <i>Lon Sharp</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28, 1931*

22. I HEREBY CERTIFY That I attended deceased from *6-15-1931*, to *7-28-1931*
I last saw him alive on *7-22-1931* Death is said to have occurred on the date stated above, at *1:00 P.M.*
The principal cause of death and related causes of importance were as follows:

Aspirate
Endocarditis

Other contributory causes of importance:
Chronic Bronchitis
Motors Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *None*
(Signed) *Henry F. Keigh*, M. D.
(Address) *450 1/2 E. Cowell*

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.

AUG 26 1931

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