

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

Do not use this space.

9636

1. PLACE OF DEATH
 84 County Polk Registration District No. 701
 2 Township Wagon Primary Registration District No. 4422
 6 City Balwin (No.) St. Ward

2. FULL NAME Annora L. Drake
 (a) Residence, No. Balwin Mo 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.

File No.
 Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF The Late Dr. G. Drake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1846

7. AGE 85 YEARS MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeping
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Balwin Mo

FATHER
 13. NAME Eben Hendricks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Roches Pitman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) J. A. Drake

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Mar 21 1932

19. UNDERTAKER (ADDRESS) White Enrich Hall

20. FILED Mar 19 1932 J. L. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1932, to 3-18, 1932
 I last saw her alive on 3-18, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia, Broncho
chronic myocarditis
7 year failure

Date of onset 3-15-32
 ?

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? None Was there an autopsy? No

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?
 If so, specify None
 (Signed) Boyle C. McBraw, M. D.
 (Address) Balwin Mo

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.

APR 28 1932

RECEIVED WITH CONTINUING INK—THIS IS A PERMANENT RECORD

