Helen H. [illegible]

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

Do not use this space.

85

File No. 8584

Registration District No. 1001

Primary Registration District No.

Registered No. 311

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Fannie D. Drake

(a) Residence, No. 1423 Fourth Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30, 1874

7. AGE: Years 59 | Months 1 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Mound City Missouri

FATHER

13. NAME: John T. Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Eaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrolton Missouri

17. INFORMANT (ADDRESS): Mrs. C. J. Pope 705½ McDonald

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mound City Mo. DATE: March 18, 1933

19. UNDERTAKER (ADDRESS): E. L. Sidenfader 602 Felix St.

20. FILED MAR 17 1933, 19.... John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1933, to 3-16, 1933.
I last saw her alive on 3-16, 1933. Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
131	
Bright's Dis.	
1	
100	

Other contributory causes of importance:
Hyper tension & Chr. nephritis

Name of operation: — Date of:
What test confirmed diagnosis? H.P.N. Blood pressure 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? No
If so, specify:
(Signed) M. H. Walker, M. D.
(Address) 3018 St Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD