

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.

III 22 1935

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 404
 Township Kaw Primary Registration District No. 5558
 City Kansas City (No. Armour Memorial Home) St. _____ Ward _____

2. FULL NAME Linnie Hawley Drake
 (a) Residence, No. Armour Memorial Home Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 20057
 Registered No. 40

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 OF (OR) WIFE OF D. Royce Drake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1928, to June 14, 1935
 I last saw her alive on June 13, 1935. Death is said to have occurred on the date stated above, at 8 A.m.
 The principal cause of death and related causes of importance were as follows:
Terminal bronchopneumonia Date of onset 6/10/35
Senile arteriosclerosis - post-gradual
1928
97
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____
 (Signed) Lawrence Delap, M. D.
 (Address) 2722 BELLEFONTAINE AVE, KANSAS CITY MO.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER
 13. NAME Rev. Silas Hawley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

MOTHER
 15. MAIDEN NAME Harriett Reddy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) L. D. Drake 2822 East 21st St

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE June 16 1935

19. UNDERTAKER (ADDRESS) Stiles & McClure 3225 Millbrook Plaza

20. FILED 6-14 35 Ed P. Ludwig Registrar

dir 3202 Bell's Lark
Li. 1500