

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.

MA: MAY  
MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Laclede  
Township Lebanon  
City (No. ....) (No. ....) (No. ....)

Registration District No. 479  
Primary Registration District No. 5689

File No. 13397  
Registered No. ....  
St. .... Ward

2. FULL NAME

Fannie M. Clug Draper

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. Draper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13 - 1846

7. AGE YEARS 88 MONTHS ..... DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Hardwood Mo. (STATE OR COUNTRY)

13. NAME Joseph M. Clug

14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT A. P. Draper (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE Apr. 28 1934

19. UNDERTAKER J. A. McCune (ADDRESS) Lebanon Mo.

20. FILED 4/28 1934 J. A. McCune Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from about 1/1/34 19... to April 27 1934. I last saw him alive on about 1/1 1934. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

W. P. B. C.

Other contributory causes of importance:

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? If so, specify

(Signed) J. A. McCune M. D.  
(Address) Lebanon

