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. 398 — File No. 16587
Township BLUE — Primary Registration District No. 5554 — Registered No. 182
City ..... (No. 919 BROOKSIDE St. ..... Ward)

2. FULL NAME CHARLES DRAPER
(a) Residence, No. 919 BROOKSIDE St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ANNA M. DRAPER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PLUMBER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CARLSON - DRAPER PLG. CO.
10. Date deceased last worked at this occupation (month and year) ONE YEAR
11. Total time (years) spent in this occupation 40 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SOUTHBORO ENGLAND

FATHER
13. NAME HENRY DRAPER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME CHARLOTTE PIERCE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT MRS. ANNA M. DRAPER
(ADDRESS) 919 BROOKSIDE. MT. WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE MAY 23, 1934, 19

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED May 23 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 45 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

Other contributory causes of importance: 16

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) S. Tillmor, M. D.
(Address) 10307 Indep Ave KC 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.

JUN 22 1934