DEC 12 1934

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

Do not use this space.

38669

1. PLACE OF DEATH
County: Butler — Registration District No. 89
Township: — Primary Registration District No. 3007
City: Poplar Bluff (No. ..., ... St. ..... Ward)

File No. ..... Registered No. 256

2. FULL NAME: Curtis Orlan Drake
(a) Residence, No. 121 N. Montgomery St., ... Ward. Memphis Tenn
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-28-1874

7. AGE: Years 60 — Months 9 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
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): Wyandotte Co Kan.

FATHER
13. NAME: Robert Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Amanda Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT: Clara Drake
(ADDRESS): Memphis Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paragould Ark. DATE: 11-26, 1934

19. UNDERTAKER: Frank Hund Co.
(ADDRESS): Poplar Bluff Mo

20. FILED: 11/25, 1934 O.C. Cutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-25, 1934

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 12.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain + shock	11-25-34
710M	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 11-25, 1934
Where did injury occur? Poplar Bluff Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Knocked down by car
Nature of injury: Gash in head

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. Richard Reynolds Coroner, M.D.
(Address) Poplar Bluff 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.