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.

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

JAN 1 8 1935

Do not use this space.

43511

1. PLACE OF DEATH
County Lawrence — Registration District No. 467
Township ~~Aurora~~ — Primary Registration District No. 4280
City Aurora (No. ..., ... St. ..... Ward)

File No. .....
Registered No. 70

2. FULL NAME Perry M. Drake
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 1857

7. AGE: YEARS 77 — MONTHS 6 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: veterinarian
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): Ohio

FATHER
13. NAME: Isac Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sarah Cullison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Sylva D. Drake, Ranger Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Park — DATE: DEc. 14, 1934

19. UNDERTAKER (ADDRESS): King Funeral Home, Aurora, Mo.

20. FILED Dec. 13, 1934 R. D. Cowan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from After death, 19..., to ..., 19...
I last saw h..... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Uremia
Caused by enlarged
137 and diseased prostate
132B

Other contributory causes of importance:

137

Name of operation: none — 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? ... 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) Lima King Coroner, M.D.
(Address) Aurora Mo