NOV 22 1935

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

Do not use this space.

33184

File No. 86

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township ~~Lexington~~ — Primary Registration District No. 3024

City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Rosetta Marie Draper

(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: Fe.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ——

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1934.

7. AGE

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

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) (STATE OR COUNTRY) Osawatomie Kan.

FATHER

13. NAME Clarence Draper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawatomie, Kan.

MOTHER

15. MAIDEN NAME Roberta Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawatomie, Kan.

17. INFORMANT (ADDRESS) Clarence Draper Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE Oct.22,1935

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo.

20. FILED Oct 22, 1935 Layne Bell Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct.21,1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935, to Oct 21, 1935

I last saw her alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 10 p m.

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

	Date of onset
Hydrocephalus	
Congenital	
1572	

Other contributory causes of importance:

none

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? ——

If so, specify ——

(Signed) Ben L. Brasher, M. D.

(Address) Lexington 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.