

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.

JUL 10 1937

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

Do not use this space.

22806

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Law Primary Registration District No. 1002  
City R. C. No. 3705 Wyandotte

File No. \_\_\_\_\_  
Registered No. 2552  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Joseph Thos Drake  
(a) Residence, No. 3705 Wyandotte St. Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Lucy Drake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 1860

7. AGE YEARS 76. MONTHS 7 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) New Franklin Mo

13. NAME Geo. W Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing Ky

15. MAIDEN NAME Susan Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazard Mo

17. INFORMANT Sarah C. Watkins (ADDRESS) 3705 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE New Franklin DATE June 19 1937

19. UNDERTAKER Wagon Funeral Home (ADDRESS) 414 N. Franklin

20. FILED 7 17 37 m. m. knowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/16/37 19... to 6/17/37 19... I last saw him alive on 6/17/37 19... Death is said to have occurred on the date stated above, at 7<sup>00</sup> A.M.

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

Ch. Myocarditis  
decompensation

Other contributory causes of importance: Atherosclerosis

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? \_\_\_\_\_ 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. W. Young M. D.  
(Address) 1401 S. Wash  
R. O. K.

