CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 31 1937

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

Do not use this space.

File No. 32139

Registered No.

1. PLACE OF DEATH

County Worth — Registration District No. 1057

Township Green — Primary Registration District No. 6214

City Parnell (No. , St. Ward)

2. FULL NAME Geo Washington Drake

(a) Residence, No. Parnell Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. -8- 1858

7. AGE: 78 YEARS: 78 MONTHS: 7 DAYS: 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Picqua

FATHER

13. NAME Norman Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Julia Stover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Alvin Pankau Parnell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oxford DATE July 24 1937

19. UNDERTAKER (ADDRESS) A. J. Rood Parnell Mo

20. FILED July 27, 1937. Mrs O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936, to to July 23, 1937

I last saw him alive on May 22, 1937. Death is said to have occurred on the date stated above, at 4 a m.

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

Valvular Heart Trouble

Date of onset

92a

Other contributory causes of importance: Rheumatism

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) Egbert Crowson, M. D.

(Address) Parnell Mo