

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

Do not use this space.

37894

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. _____, St. _____ Ward _____)

2. FULL NAME Robert Draughon

(a) Residence, No. 111 Meridian St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937 to Oct 2, 1937
I last saw him alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 11A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1873

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>64</u>	<u>6</u>	<u>20</u>		

Septicaemia with sloughing of skin of right leg

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gries & Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Hepto Jester 15 June '37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale County Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME John Draughon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Sarah Bird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT Mrs. Florence Draughon
(ADDRESS) 111 Meridian - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Oct. 4, 1937

19. UNDERTAKER Knee J. Astor
(ADDRESS) Carthage, Mo.

20. FILED OCT 4, 1937 W. M. Howard Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) R. H. Jester M. D.
(Address) Carthage, Mo.

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

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