

NOV 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

NEWTON
SHOAL CREEK
Joplin

Registration District No.

1046

Primary Registration District No.

5860

City

(No.

44th + Joplin

File No.

38365

Registered No.

St.

Ward)

2. FULL NAME

COLEMAN YOUNG DRAKE
44 + Joplin St

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

ABBIE DRAKE

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

MARCH 18, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or mls.

82

7

2

OCCUPATION

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

RETIRED FARMER

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)

MADISON CO
ARK

FATHER

13. NAME

ELIJAH DRAKE

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

WARREN CO
TENN

MOTHER

15. MAIDEN NAME

LUCINDA HAWNS

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

TENN

17. INFORMANT

(ADDRESS)

A. V. Drake
Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

PURDY, Mo.

DATE

10/22/37

19. UNDERTAKER

(ADDRESS)

ANDERSON & CO

20. FILED

10-22-37 Joplin, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

OCT 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/14

1937, to

10/14

1937

I last saw him alive on 10/14, 1937. Death is said

to have occurred on the date stated above, at 3 P. m.

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

Broncho Pneumonia

Date of onset

10/13

37

Other contributory causes of importance:

Arterio Sclerosis

Smoking

Name of operation

Date of

What test confirmed diagnosis?

Alcohol

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, 1937

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)

(Address)

M. D.

