

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

Do not use this space.

7163

5

MAR 20 1938

1. PLACE OF DEATH

County Johnson
 Township Washington
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 429
 Primary Registration District No. 5584

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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.

Baby (Infant) of Gordon Draper 616

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) single

21. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9-38 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 2-9-38 to 2-9-38 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9-1938

I last saw h. _____ alive on still born, 19____. Death is said to have occurred on the date stated above, at 10 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. none

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

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 _____

Overlaps of umbilical cord -
 Date of onset 2-9-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

Other contributory causes of importance: Breath position

13. NAME Gordon Draper

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Serrat Johnson Co. Mo.

What test confirmed diagnosis? histology Was there an autopsy? no

15. MAIDEN NAME Margaret Lee Drinkwater

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Gordon Draper Johnson Co Mo

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Knob Noster Mo DATE Feb-10 1938

Manner of injury _____

19. UNDERTAKER (ADDRESS) C. L. South Johnson Co Mo

Nature of injury _____

20. FILED Feb 28 1938 J. R. Koch Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____ (Signed) A. J. Murphy M. D. (Address) W. Murphy Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

