REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH
51 County Johnson
Township Kingsville
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 427
Primary Registration District No. 5583

File No. 15029
Registered No. 18

2. FULL NAME John Leonard Drane 650
(a) Residence No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lillie Drane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	10	13	

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

FATHER
13. NAME James G. Drane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Susan Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Lee Drane Kingsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Cemetery Nevada, Mo. DATE 4-10-1938

19. UNDERTAKER (ADDRESS) D. A. Nofsinger Pleasant Hill, Mo.

20. FILED Apr 9, 1938 Mrs. G. V. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1938, to Apr. 8, 1938
I last saw him alive on Apr. 7, 1938. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
93 C	

Other contributory causes of importance:
Ch. Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? C Was there an autopsy? N

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) J. V. Murray, M. D.
388 (Address) Pleasant Hill Mo.

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.

Mrs. J. V. Redford
Holden, Mo.