

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.

OCT 28 1936

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

Do not use this space.

29728

1. PLACE OF DEATH

County Henry
Township _____
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Chas ward Drake
(a) Residence No. 311 n. washington 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1848

| 7. AGE | YEARS | MONTHS | DAYS | IT LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|----------------------------------|
| | <u>81</u> | <u>11</u> | <u>2</u> | |

8. OCCUPATION OF DECEASED Retired Merchant
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ward Drake

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elena Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vir.
(STATE OR COUNTRY)

14. INFORMANT Mrs Maudie Drake
(Address) Clinton Mo

15. FILED 10/11 1936 Dr. E. C. Peeler
Walker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-24 1936

17. I HEREBY CERTIFY, That I attended deceased from 9-22 1936, to 9-24 1936, and that I last saw him alive on 9-24 1936, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuber pneumonia
59
108
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Diabetes
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Walker M. D.

9-24 1936 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Funerary DATE OF BURIAL 9/26 1936

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

1978

1978

1978

1978

1978

1978