

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

Do not use this space.

29867

1. PLACE OF DEATH

71 County Morgan Registration District No. 5798 File No. _____
Township Moreau Primary Registration District No. 5792 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Drake
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Emily K. Moon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 - 1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 5 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)
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) Missouri 1

13. NAME Asa Drake 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 20

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Oliver Drake
(ADDRESS) Fortuna MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Newark Cem DATE Sept. 11, 1932

19. UNDERTAKER W. F. Kidwell
(ADDRESS) Verisacis, MO

20. FILED _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to _____, 1932.
I last saw him alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 7:10 P. m.
The principal cause of death and related causes of importance were as follows:

Centrosclerosis
Date of onset _____
Other contributory causes of importance: _____
97 97 1

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

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?
If so, specify _____
(Signed) G. S. Gibson, M. D.
(Address) Fortuna

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan
Township Montana
City _____ (No. _____)

Registration District No. 598
Primary Registration District No. 5792

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

William Henry Drake

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily K. Moon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>5</u>	<u>13</u>	

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. (Retired)
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) Mo.

13. NAME Asa Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Owen Drake
(ADDRESS) Fortuna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newark Cem DATE Sept 11 1932

19. UNDERTAKER W. J. Kiswell
(ADDRESS) Wrsailer Mo

20. FILED Sec 8 1932 A. N. Litzman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7 1932 to Sept 9 1932
I last saw him alive on Sept 8 1932 Death is said to have occurred on the date stated above, at 7:10 P. m.

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

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) G. S. Wilson, M. D.
(Address) Fortuna Mo

N. B. - No. of information should be carefully checked. If any errors are found, the cause of death should be stated EXACTLY PHYSICALLY. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES-UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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