

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

1 PLACE OF DEATH

County Jackson
Township Kenn
or
Village
or
City Kansas City Mo

Registration District No. 10

File No. 13142

Primary Registration District No. 10

Registered No. 1578

City Kansas City Mo (No. 3742 Genesee St. Ward) 1578
If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Isaac Allen Drake

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Dec 13 1845
(Month) (Day) (Year)

7 AGE 72 3 25 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Peterer
(b) General nature of industry business, or establishment in which employed (or employer) Broker

9 BIRTHPLACE (City or town, State or foreign country) Ills.

PARENTS
10 NAME OF FATHER Abraham Drake
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) U.S.A.
12 MAIDEN NAME OF MOTHER Luzma Eushney
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) U.S.A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Frances Drake
(Address) 3742 Genesee St

15 Filed 12/28/1918 1918
Ady Shinnis
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 7 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 1917 to April 7 1918
that I last saw him alive on Apr 7 1918
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:
Ch - Endo Carditis
12 yr
79 (Duration) 79 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) (Duration) 0 yrs. 0 mos. 0 ds.
(Signed) A. E. Eubank M. D.
April 7 1918 (Address) 1600 W 39

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 4 yrs. 1 mos. 0 ds. In the State 4 yrs. 1 mos. 0 ds.
Where was disease contracted if not at place of death? Kansas City Mo
Former or usual residence Ills.

19 PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL April 9 1918

20 UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1 PLACE OF DEATH

County JacksonTownship KanVillage Kansas CityCity Kansas City

Supplementary #1

Registration District No. 399Primary Registration District No. 1002No. 3742 Genessee St. 3 WardMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 1674Registered No. 1674

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME

Joseph A. Drake

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED Married
WIDOWED OR DIVORCED
(Write the word)6 DATE OF BIRTH Dec 15 1845
(Month) (Day) (Year)7 AGE 72 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Loan Broker
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (City or town, State or foreign country) Quincy IllPARENTS
10 NAME OF FATHER Aperham Drake
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Quincy Ill
12 MAIDEN NAME OF MOTHER Edling
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Quincy Ill14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret Drake
(Address) 3742 Genessee St15 Filed Apr 8 1918
W. A. Drake Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 7 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Jan 1918, to April 7 1918, that I last saw him alive on April 7 1918, and that death occurred, on the date stated above, at 2 P m.The CAUSE OF DEATH* was as follows:
Arterio-sclerosisCONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) A. S. Embark M. D.
June 1918 (Address) 222 Revere Bank Bldg*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.19 PLACE OF BURIAL OR REMOVAL Elmwood Cem DATE OF BURIAL April 9 191820 UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association.]

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2-5
1342
"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)