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

Do not use this space.

19218

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Missouri Veterans Administration Facility (No.) St. (Ward) — File No. 92 — Registered No.

2. FULL NAME DRAKE, Robert W.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. 370 West MarionSt., Ward, Marshall Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	colored	single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Drake

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

MOTHER

15. MAIDEN NAME Margaret Lewis

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

17. INFORMANT (ADDRESS) Records Veterans Hospital Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo. DATE 6-23-33, 19

19. UNDERTAKER (ADDRESS) John C. Rather Excelsior Springs Mo.

20. FILED 6/24, 1933 G. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, 19, to June 23, 1933, 19

I last saw h. im alive on June 23, 1933, 19. Death is said to have occurred on the date stated above, at 1:15 PM.

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

	Date of onset
V.H.D. Mitral stenosis and regurgitation	

Other contributory causes of importance:

Congestive heart failure	

Name of operation none Date of

What test confirmed diagnosis? exam & obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? xx Date of injury, 19
Where did injury occur? xx (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. xx
Manner of injury xx
Nature of injury xx

24. Was disease or injury in any way related to occupation of deceased? xx
If so, specify

(Signed) J.D. Brooks, M.D. Act. Mgr., M. D.
(Address) Excelsior Springs, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD