

AUG 11 1939

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

26607
Do not use this space.

1. PLACE OF DEATH

(a) County Halls. Registration District No. 727
(b) Township Perry, Primary Registration District No. 4433 Registered No. _____
(c) City Perry, (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 6.20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Ann Drake.
(a) Residence, No. Perry, Missouri. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm Drake.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 24, 1878.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
61 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. all.

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

FATHER 13. NAME John Murphy.

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

MOTHER 15. MAIDEN NAME Annie Murphy.

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

17. INFORMANT (ADDRESS) Grace Drake, Perry, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul. DATE July, 29 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde C. Wilkey, Perry, Missouri.

20. FILED 7/28, 1939, Clyde C. Wilkey, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 27, 1939.

22. I HEREBY CERTIFY That attended deceased from July 26, 1939, to July 27, 1939
I last saw Dr alive on July 27, 1939 Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

Edema of lungs Date of onset 7-26-39

Other contributory causes of importance: Arterio Sclerosis unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Physian as there an autopsy? No

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) John Brown M. D.

(Address) Perry, Mo

RECEIVED

District Health Officer No. 10

District File Number 8-39-1352

Date Filed AUG 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clyde C. Wilbey

or by

Registered Apprentice No., working under my personal supervision.

Signed

Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Peru, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26607

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls Registration District No. 727
 (b) Township _____ Primary Registration District No. 4433 Registered No. _____
 (c) City Perry (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Ann Drake
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>61</u>	<u>4</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1939

22. I HEREBY CERTIFY, That I attended deceased from

19... to... 19...
 I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

Edema of lungs
Enlarge heart
Arterio Sclerosis
 Date of onset 7-27

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) John E. Brown, M. D.
Perry
 (Address)

SUPPLEMENT

REGISTRARS SHALL NO. RECEIVE A FEE FOR CERTIFYING THIS COPY WHEN PREPARED AS PRESCRIBED BY THE BOARD OF HEALTH.

S. 26607

1939