REC'D NOV 25 1938

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

36705
Do not use this space.

1. PLACE OF DEATH 3
(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 131
(c) City near Farmington (d) Street No. State Hospital No 4 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.

690
2. PRINT FULL NAME Louis Vernon Drake
(a) Residence, No. Ste. Genevieve County, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28th, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	56	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Hamilton County
(STATE OR COUNTRY) Illinois

FATHER
13. NAME James Alfred Drake
14. BIRTHPLACE (CITY OR TOWN) Hamilton County
(STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Ann Randels
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

17. INFORMANT State Hospital #4 Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chestnut Ridge, Mo DATE 10-17-38, 19

19. FUNERAL DIRECTOR (NAME) Neidert's
(ADDRESS) Farmington, Mo.

20. FILED Oct 17, 1938 V. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938, to Oct. 16, 1938
I last saw him alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset
(Cardio-Renal)
Chronic myocarditis
Chronic Parenchymatous nephritis
of unknown origin and existence

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) P. S. Tate, M. D.
199 (Address) Hosp #4, Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

C J Floyd, or by me

Registered Apprentice No....., working under my personal supervision.

Signed C J Floyd Embalmed

Licensed Embalmer No. 3527

P. O. Address Farmington

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

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