Form V. S. 1-A—50m—1-12-31

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22647

1. PLACE OF DEATH

County _Muhlenberg_

Vot. Pct. _____

Inc. Town _____

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

File No. _____

Registration District No. _____

Primary Registration District No. _2436_

Registered No. _____

2. FULL NAME _John G 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	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Male_ 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 _____

6. DATE OF BIRTH _May 5_

7. AGE — Years _73_ Months _5_ Days _____ If LESS than 1 day ___ hrs. or ___ min.

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE _Muhlenberg Co Ky_

13. NAME _Jas Marion Drake_

14. BIRTHPLACE _Muhlenberg Co Ky_

15. MAIDEN NAME _Emma Saddler_

16. BIRTHPLACE _Muhlenberg Co Ky_

17. INFORMANT _Collins Drake_
(Address) _Greenville Ky R 3_

18. BURIAL, CREMATION, OR REMOVAL
Place _Drake B.G._ Date _Oct 5, 1933_

19. UNDERTAKER _N B McDaniel & Co_
(Address) _Greenville Ky_

20. FILED _10-4_, 1933 C. B. Wickliffe, by M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH _Oct 4_, 1933

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 _60_ m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

_____

Date of onset _____

Contributory causes of importance not related to principal cause:

Second Stroke

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) _E L Gates_, M. D.
(Address) _Greenville Ky_