

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

State Office No.
14123189

1. PLACE OF DEATH
County Kent
Township _____
Village _____
City Grand Rapids

(If death occurred in a hospital or institution, give its NAME instead of street and number)
St. Mary's Hosp Register No. 165 Ward _____

2 FULL NAME George Drake
(Nelson Drake)

(a) Residence No. 842 Scribner Av. St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 Color or Race White 3 Single, Married, Widowed or Divorced (WRITE the word) Married

2a If married, widowed or divorced
HUSBAND of Ella Drake
(or) WIFE of _____

4 DATE OF BIRTH (Month, day and year) Jan. 7, 1845

7 AGE	Years	Months	Days	If LESS than 1 day—hrs. OR—mins.
	<u>99</u>	<u>0</u>	<u>21</u>	

5 Trade, profession, or particular kind of work done, or occupation, avoyer, bookkeeper, etc. Retired

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

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

12 BIRTH PLACE (city or town) (State or country) Danville, Michigan

FATHER

13 NAME George Drake

14 BIRTHPLACE (city or town) (State or country) New York

MOTHER

15 MAIDEN NAME Sara

16 BIRTHPLACE (city or town) (State or country) New York

17 INFORMANT Floyd Drake
(Address) Hubbardston, Michigan

18 BURIAL, CREMATION, OR REMOVAL
Place Custer, Michigan Date Jan 31, 1935

19 UNDERTAKER P. Hauschenberg
(Address) Grand Rapids, Michigan

20 FILED 1/31 1935 J. C. A. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1935, to 1/28, 1935

I last saw him/her alive on 1/28, 1935 death is held to have occurred on the date stated above, at 11:20 AM.

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

<u>Bilateral Broncho-pneumonia</u>	Duration <u>3 days</u>
<u>Other contributory causes of importance:</u> <u>Coronary atherosclerosis</u> <u>Arteriosclerosis</u>	

If operation, date of _____
Condition for which performed _____
Organ or part affected _____
Was there laboratory test? _____ Autopsy? _____
In case of violence state if accident, homicide or suicide _____
Where did injury occur? _____ (Specify city, county or state)
In industry, home or public place? _____
Was disease or injury related to occupation of deceased? _____
Signed William L. Peterson
Address 422 Red Arta Bldg.