

1. PLACE OF DEATH

County of Richland

Standard Certificate of Death

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
10079

Township of _____
or Columbia, S.C.

Registration District No. 38 A

Registered No. 551
(For use of Local Registrar)

City of _____
Home Address 1022 Elmwood -
Columbia, S.C. Hospital (Ward)

(If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME Logan Gaffney Drake

Residence— In City 2 Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

21. DATE OF DEATH (month, day, and year) June 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1940, to June 1, 1940.

6. If married, widowed, or divorced (HUSBAND of (or) WIFE of) Iva Giles Drake

I last saw him alive on June 1, 1940, death is said to have occurred on the date started above, at _____.
The principal cause of death and related causes of importance in order of onset were as follows:

7. AGE Year 40 Months 5 Days 7
If less than 1 day, _____ hrs. or _____ min.

Date of onset May 30, 1940
Chronic Alcoholic poisoning 25 years

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

Was this death due to pregnancy or to childbirth? If so, state which _____
Contributory causes of importance not related to principal cause: _____

12. BIRTHPLACE (city or town) Hartsville
(State or Country) S.C.

Name of operation hemorrhoidectomy Date of May 29, 1940
What test confirmed diagnosis? examined Was there an autopsy? no

13. NAME James Francis Drake
14. BIRTHPLACE (city or town) S.C.
(State or Country)

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, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Mildred Gaffney
16. BIRTHPLACE (city or town) S.C.
(State or Country)

24. Was disease or injury in any way related to occupation or deceased? no
If so, specify _____
(Signed) L. W. P. [Signature] M. D.
(Address) 1512 [Address]

17. Informant W. K. Drake
(Address) Columbia, S.C.
18. Date of Burial, Cremation, or Removal June 3, 1940
19. Where Burial, Cremation, or Removal Home
(Address) Columbia, S.C.
20. June 12, 1940 U.S. Registrar W. H. [Signature]