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

Do not use this space.

1323

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5[illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. 5[illegible]

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Wm. M. Drury

(a) Residence. No. 2023 Summit St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	58	11	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Rock Island

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Simon Drury

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Anna Katherine Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. Jennie Drury
(Address) 2023 Summit

15. FILED Jan 25, 1928 M. M. Cowen Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 1. 19, 1928, to 1. 24, 1928, that I last saw him alive on 1. 24, 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

17A 74A1

(duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical Study

(Signed) [illegible], M. D.

1 25, 1928 (Address) 410 Argyle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Jan. 26 1928
20. UNDERTAKER	ADDRESS
H. W. Gates	K. C. K.

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.