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.

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

Do not use this space.

19944

File No. 736

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 1321 Faraon St. St. Ward)

2. FULL NAME: William S. Drumm

(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 40 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: Minnie Drumm

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Watchman, Fox Laundry Co.

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway, Co, Mo.

PARENTS

10. NAME OF FATHER: Enoch S. Drumm

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

12. MAIDEN NAME OF MOTHER: Sarah E. Partridge

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

14. INFORMANT (Address): Mrs. Minnie Drumm, 1321 Faraon St.

15. FILED JUN 11 1928, 19 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 10, 1928, that I last saw him alive on June 10, 1928, and that death occurred, on the date stated above, at 1.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1928

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. P. Lenz M.D. M.D.

6/11/, 1928 (Address) 412 Kirkpatrick 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: Ashland Cemetery — DATE OF BURIAL: June, 12, 28

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.