

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

Do not use this space.

30410

3656

1. PLACE OF DEATH

County Jackson Registration District No. 1

Township 1st Primary Registration District No. 1

City St. Louis (No. 3500 Ind. Ave)

File No. 3656
Registered No. 3656
St. 1 Ward

2. FULL NAME

Joshua Elvey Drummer

(a) Residence No. 3500 Ind. Ave St. 1 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mattie Drummer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 0 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Layer
(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) Kansas

10. NAME OF FATHER W. M. Drummer

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

12. MAIDEN NAME OF MOTHER Mary Downing

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

14. INFORMANT W. M. Drummer (Address) Sumner, Kans

15. FILED 9/4, 1928 M. M. Crum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 3, 1928, to Sept 3, 1928, and that I last saw him alive on Sept 3, 1928, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Acute dilatation of heart.

131
9512
CONTRIBUTOR (SECONDARY) Acute dilatation of heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Ill
IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Henry J. ... M. D.
9/3, 1928 (Address) St. Louis

*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 Manhattan, Kans DATE OF BURIAL Sept 4 1928

20. UNDERTAKER Forest Burden ADDRESS St. Louis

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.

