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

Do not use this space.

37118

399

1002

4768

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas City (No. ..... Kansas City General Hosp. St. ..... Ward)
Registration District No.: 1002
Primary Registration District No.: 399
File No.: 37118
Registered No.: 4768

2. FULL NAME: Charles L. Drumond
(a) Residence. No. Marquette Hotel 12 W. Holmes St. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1869

7. AGE: Years 59 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Former Cashier
(b) General nature of industry, business, or establishment in which employed (or employer): Florium Lunch Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Eylar
(Address): 1800 Linwood

15. FILED 11/27, 1928 M. M. Conner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (~~MONTH, DAY~~ AND YEAR): Friday Nov 23 1928

17. Coroner
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alcoholism
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 668
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. E. Moore, M. D
11-23, 1928 (Address) Coroner

*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: Maple Hill
DATE OF BURIAL: Nov 28 1928

20. UNDERTAKER: Eylar Funeral Home
ADDRESS: 1800 Linwood

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.