

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

Do not use this space.

7533

1. PLACE OF DEATH

County North
Township Plotz
City Grant City

Registration District No. 903

File No. 4545

Primary Registration District No. 4

Registered No. 4

2. FULL NAME

Benjamin Harrison Drumming
(a) Residence. No. 10 St. 10 Ward. 10
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U.S., if of foreign birth? 10 yrs. 10 mos. 10 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

Abigail M. Drumming

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

July 10, 1889

7. AGE

YEARS 40 MONTHS 7 DAYS 4
IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Grant City Mo.

10. NAME OF FATHER

C. A. Drumming

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

Grant City Mo.

12. MAIDEN NAME OF MOTHER

Elizabeth Wall

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

Grant City Mo.

14.

INFORMANT Abigail M. Drumming
(Address)

15.

FILED 3/10/30 John Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 14 1930

17.

I HEREBY CERTIFY That I attended deceased from Feb 14 1930 to Feb 14 1930
(that I last saw deceased alive on Feb 14 1930, and that death occurred, on the date stated above, at 11 a m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpuricemia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) J. A. Shippe

, 19 1930 (Address) Grant City Mo.

*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

Grant City Cem.

2/16 1930

20. UNDERTAKER

ADDRESS

Arch. C. Dunfee

Grant City Mo.

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.

