

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

Do not use this space.

15149

MAY 28 1930

1. PLACE OF DEATH

County Warren

Registration District No. 881

Township Pinkney

Primary Registration District No. 6173

City Warren (No. _____)

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

James Drummond

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

Sept. 9, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>80</u>	<u>7</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Isaac Thym

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Maria Deborah

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT Wm. William Drummond
 (Address) Warren Co. Pennsylvania

15.

FILED 4/21, 1930 W. W. Bradley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ April 15, 1930 to _____ April 19, 1930 that I last saw him alive on _____ April 19, 1930 and that death occurred, on the date stated above, at _____ 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis & uremia coma

191
93C (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis
 (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. C. Johnson M. D.

4/20, 1930 (Address) Marthonsville 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

William, Mo.

4-23 1930

20. UNDERTAKER

ADDRESS

C. B. Fretz Marthonsville, 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.

