

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

Do not use this space.

15313

1. PLACE OF DEATH

County Bourbon
Township Calumet
City Calumet (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 93
St. _____ Ward _____

2. FULL NAME

Mr. Manuel Drasman

(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. 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)

Married

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

Bo Nov 15 - 1866

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

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>6</u>	<u>6</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Hatcherman
(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)

Ind

10. NAME OF FATHER

Ernest Drumm

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Margaret Lera

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind

14.

INFORMANT
(Address)

V. H. Drumm
Cap.

15.

FILED

May 17, 1930
Beatrice Grebba
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

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

May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from
Sept 24, 1929, to May 15, 1930
that I last saw him alive on May 15, 1930, and that **death occurred, on the date stated above, at** 3:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Rickets, metastasis of
930 fracture of foot
930 fracture of foot
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Myocarditis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF July 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wisey K. Roberts, M.D.

5/16, 1930 (Address) Columbus 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

Calumet Cemetery

5/17 1930

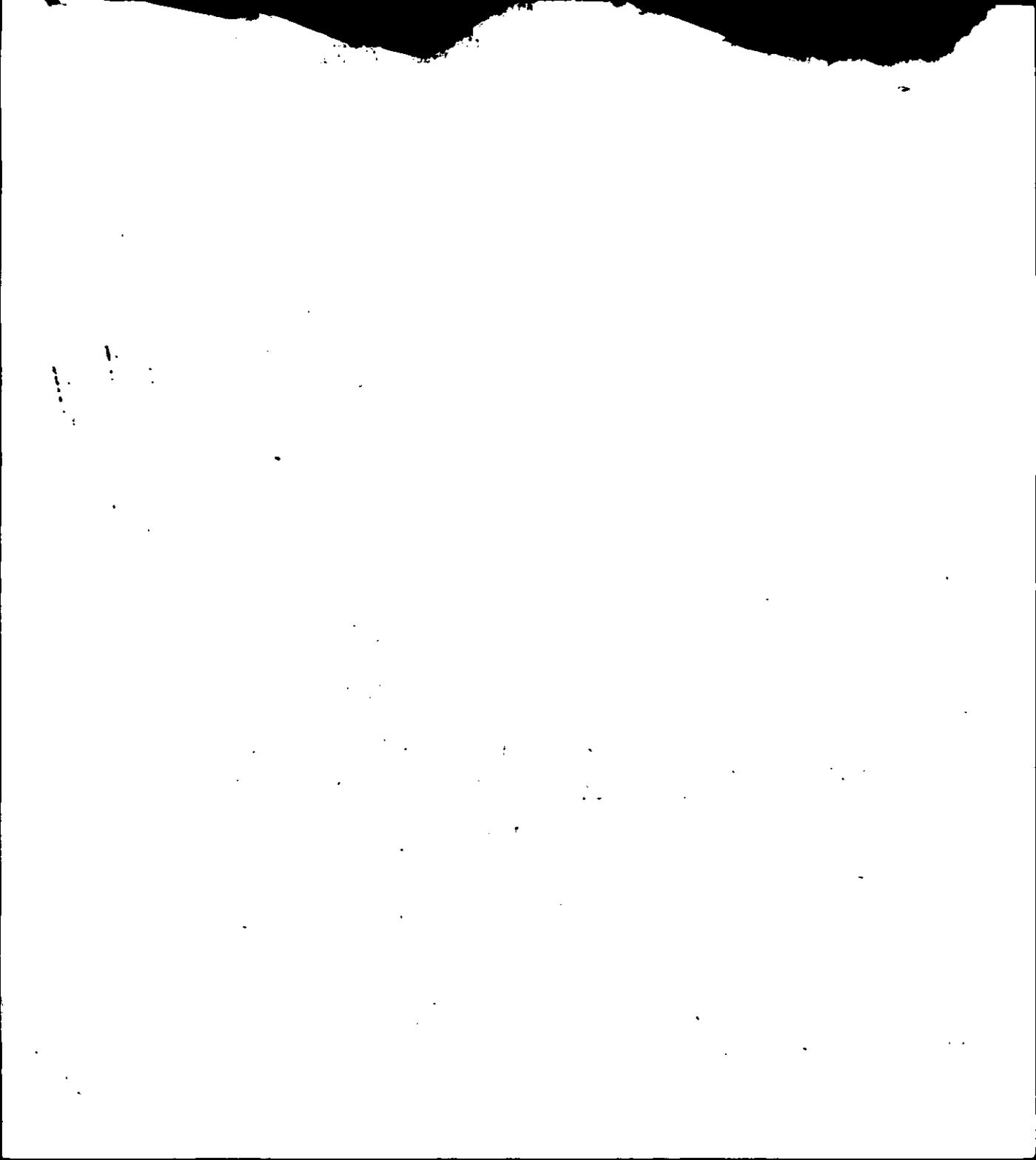
20. UNDERTAKER

ADDRESS

Jam M. Hany

Calumet

PHYSICIANS should state OCCUPATION is very important. Exact statement. Exact terms, so that it may be properly classified. AGE should be carefully supplied. ENFADING INK. CAUTION.



cated by check marks, lacking from the death certificate:

Name: _____

Manuel Brumm

Who died at: _____

Columbia Mo on *May 15, 1930,*

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Diabetes Mellitus

Contributory: _____

Myocarditis
Amputation of foot for Gangrene

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

several months before death.

Was there an autopsy? *no*

What test confirmed diagnosis? _____

clinical

Name of physician: _____

Finnis Suggett M.D.

Address of physician: _____

Columbia, Mo

REC

THIS IS A PER

WRITE PLAINLY, WITH

Every item of information should be stated in full.

CAUSE OF DEATH

8-1-1912