

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

Do not use this space.

347

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 very important.

12 FEB 18 1931

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Paplar Bluff Primary Registration District No. 5731
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Drummonds
 (a) Residence. No. Victory Hill Paplar Bluff Mo Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. 10
 St. _____ Ward _____

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 Minnie Drummond

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>6</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer 279
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Spring River Ark
 (STATE OR COUNTRY) Ark

10. NAME OF FATHER John Drummonds

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

12. MAIDEN NAME OF MOTHER Mary Jackson

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

14. INFORMANT Minnie Drummonds
 (Address) Paplar Bluff Mo R2

15. FILED Jan 21 31 B. G. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1931 to Jan 10 1931
 that I last saw him alive on Jan 8 1931, and that death occurred, on the date stated above, at 8:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 Lobar Pneumonia
1063 chr. Bronchitis
 (duration) 5 yrs. 5 mos. 5 ds.
 CONTRIBUTORY (SECONDARY) chr. Bronchitis
 (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 108
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. N. Barnett M. D.
Jan 12 31 (Address) Paplar Bluff Mo

*State the DISEASE CAUSING DEATH, or if 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 <u>Marble Hill Cem</u>	DATE OF BURIAL <u>Jan 13 1931</u>
20. UNDERTAKER <u>J. T. Phelps</u>	ADDRESS <u>Paplar Bluff Mo</u>

