

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

Do not use this space.

1026

1. PLACE OF DEATH

County Jackson Registration District No. 382
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. Menorah Hospital) St. _____ Ward _____

File No. 64
 Registered No. 64

2. FULL NAME Mrs. Louise M Drummond

(a) Residence, No. 924 Van Brunt St. _____ Ward _____

(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 Female 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 John H Drummond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235 48
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 48
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 71 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Bob Caswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ruby Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John M Drummond
 (ADDRESS) 924 Van Brunt

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 1/9/32

19. UNDERTAKER Jurk & Tobin Co
 (ADDRESS) 207 Linwood

20. FILED Jan 8 1932 M. M. Coe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1931, to Jan 7 1932

I last saw her alive on Jan 7 1932 Death is said

to have occurred on the date stated above, at 11:40 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri Date of onset _____

48
 Other contributory causes of importance:
Secondary anemia

Name of operation Vaginal Hysterectomy Date of operation _____

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) Louis Foster M. D.
 (Address) 4949 Rockledge Rd

