

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

Do not use this space.

3433

**1. PLACE OF DEATH**

County Stoddard

Registration District No. 834

Township Patte

Primary Registration District No. 4505-

City Advance

File No. ....

Registered No. 7

St. .... Ward)

**2. FULL NAME**

Mary S. Drum

(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 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 Widowed of - Frank Drum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
X 78 81 X 3

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

9. BIRTHPLACE (CITY OR TOWN) West - Market Hill  
(STATE OR COUNTRY) Ballinger, Co., Mo

10. NAME OF FATHER William Cate

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

12. MAIDEN NAME OF MOTHER Mrs. Susan Miller

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

14. INFORMANT Miss W. Henley  
(Address) Advance Mo

15. FILED 1-26-1932 W. McKeenly  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931 to Jan 21 1932, and that I last saw her alive on Jan 21 1932, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:-  
Cancer of Stomach  
46 46 0 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 0

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Do not know

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? grossy test  
(Signed) James M. Friedman, M. D.  
1-26-1932 (Address) Advance 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 Cape G. Cemetery DATE OF BURIAL Jan 23 1932

20. UNDERTAKER W. O. Baker ADDRESS Intersville 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 very important.

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