

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.

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

Do not use this space.

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1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 124
 Township Boyd Primary Registration District No. 5179
 City _____ (No.) _____ St. _____ Ward _____

2. FULL NAME Columbus Jefferson 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1861

7. AGE YEARS 72 MONTHS 4 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Columbus Drum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy Mo.

15. MAIDEN NAME Hanna Fullbright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullinger Kentucky

17. INFORMANT Cesar Drum
(ADDRESS) Jackson, Mo. P.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. Feb. 1, 1934

19. UNDERTAKER M. C. Lambum & Co
(ADDRESS) Jackson, Mo.

20. FILED 2-1-34 D. G. Suber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 1932, to Jan 12, 1934
 I last saw him alive on Dec 12, 1933 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer, beginning in a gland of the neck, with metastases throughout the body.
 Date of onset _____
 Other contributory causes of importance: 53
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
 If so, specify Gov. Hay R, M. D.
 (Signed) _____
 (Address) Jackson, Mo.

