

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 is very important.

APR 25 1934

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

Do not use this space.

10444

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 003
City..... St. Louis No. 4983, Tholojan Ave St. Ward)

File No.....
Registered No. 2251 St. Ward)

2. FULL NAME

Mildred Dorothy Drummond
(a) Residence, No. 4983 Tholojan St., 14 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 George E. Drummond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo

13. NAME Joseph Finnegan

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

15. MAIDEN NAME Mattie Jackson

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

17. INFORMANT George E. Drummond (ADDRESS) 4983 Tholojan

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE March 5, 1934

19. UNDERTAKER Mullen Und Co (ADDRESS) 565 Delmar Blvd

20. FILED J. W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1934, to March 2, 1934

I last saw her alive on March 1, 1934. Death is said to have occurred on the date stated above, at 10³⁰ P. M.

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

Chronic Pulmonary Tuberculosis
Tuberculous Laryngitis
Other contributory causes of importance: Act. Acute

Name of operation..... Date of.....
What test confirmed diagnosis? apertum 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 Chronic Pulmonary Tuberculosis
(Signed) 3515 S. Grand Bl., M. D.
(Address)

