

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.

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

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

Do not use this space.

OCT 22 1935

32292

1. PLACE OF DEATH

County Daviess
Township Jonesport
City Jonesport (No.)

Registration District No. 232
Primary Registration District No. 3351

File No.
Registered No. 50
St. Ward

2. FULL NAME

Harry C. Drummond

(a) Residence, No. St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Osie Drummond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 - 1892</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>6</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviess, MO</u>		
13. NAME <u>Charles Drummond</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Hannah Nickls</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Osie Drummond Daviess, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>D. C. of Gen</u> DATE <u>Oct 6</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Ruberson Jonesport Mo</u>		
20. FILED <u>Oct 2</u> 19 <u>35</u> <u>Welle Miles</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 1935 to Oct 5 1935
I last saw him alive on Oct 4 1935 Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:
Canceroma of Stomach Date of onset 1933

Other contributory causes of importance
WO

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?
If so, specify Yes
(Signed) J. P. Graham M. D.
(Address) J. P. Graham

