

N. B.—Every item of information should be carefully supplied. A certificate 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.

MAY 14 1936

14895

1. PLACE OF DEATH
 County Greene Registration District No. 328
 Township Greene Primary Registration District No. 3017
 City Greene (No. _____) St. _____ Ward _____

2. FULL NAME Flora L. Drummond

(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 this word) wid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1855

7. AGE YEARS 80 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio

13. NAME John Drummond

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

15. MAIDEN NAME Elizabeth Taylor

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

17. INFORMANT Lynn Drummond
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Greene Center DATE Apr. 12, 1936

19. UNDERTAKER Lippincott Mortuary
 (ADDRESS) Greene, Mo.

20. FILED 4-10 1936 J. D. Fair
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1936

22. I HEREBY CERTIFY, That deceased died from Mark 22^d, 1936, to April 9th, 1936
 I last saw her alive on April 5th, 1936 Death is said to have occurred on the date stated above, at 9 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 3-11-36
112

Other contributory causes of importance:
Pneumonia and emboli from the influenza 9-20-36

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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) J. D. Fair, M. D.
 (Address) Greene, Mo.

should be carefully applied. A copy of the exact statement of OCCUPANTS
as that it may be properly classified. Exact statement of OCCUPANTS