

JUN 17 1936

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

Do not use this space.

19578

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. 3622-OLIVE)

File No. _____
Registered No. 2536
St. _____ Ward _____

2. FULL NAME DR. ROBERT LEE DRUMMOND

(a) Residence, No. 3622-OLIVE St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>MRS. DAISY WEBB DRUMMOND</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 21-1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>5</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>DENTIST</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-21-1936
I HEREBY CERTIFY That I attended deceased from May 20 1936, to May 21 1936
I last saw him alive on May 21 1936. Death is said to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:
Cerebral haemorrhage
Respiratory failure

Date of onset
5-20-36

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? Yes
If so, specify _____
(Signed) Frank J. Lawrence, M. D.
(Address) Patton's Bldg. A.P. Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GREENTON MISSOURI</u>
	13. NAME <u>MILTON DRUMMOND</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u>
	15. MAIDEN NAME <u>WILLIE ANN LYONS</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>
	17. INFORMANT (ADDRESS) <u>MRS. DAISY WEBB DRUMMOND 3622-OLIVE ST.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WAYERLY MO.</u> DATE <u>MAY-23-1936</u>	
19. UNDERTAKER (ADDRESS) <u>D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u>	
20. FILED <u>May 22, 1936 M. M. Brown</u> Registrar.	

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.

Lathrop Bldg.