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 NOV 18 1937

County Jackson — Registration District No. 399 — File No. 36640

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Riviera Apartments St. ..... Ward)

2. FULL NAME Cordelia Green Drumm

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maj. Andrew Drumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	92	1	0	

OCCUPATION

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

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) Missouri

FATHER

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No roecord

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. Albert B. Bates (Niece) New York City, N. Y.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill Cem. Private Vault PLACE Kansas City, Mo DATE Oct. 11 1937

19. UNDERTAKER (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Oct 11 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Oct 7, 1937

I last saw her alive on Oct 7, 1937. 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:

	Date of onset
Myocardial degeneration	
93C	

Other contributory causes of importance:

Senility

Name of operation ——— Date of .....

What test confirmed diagnosis? ..... 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) Lynne B. Greene, M. D.

(Address) 710 Professional Bldg Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.