

REC'D MAY 18 1938

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

Do not use this space.

14459

1. PLACE OF DEATH
38 County Davess Registration District No. 232
4 Township Jamesport Primary Registration District No. 4152
0 City Jamesport, Mo (No. 655) St. Ward

2. FULL NAME William N. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Wm Drummond (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 28

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. Farming
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 James Drummond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Sydney Nichol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Wm N Drummond (ADDRESS) Jamesport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE Nov 16, 1937

19. UNDERTAKER Arvid Opaterson (ADDRESS) Jamesport Mo

20. FILED Am 24 1937 Telle Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1927 to Nov 14, 1937
Last saw him alive on Nov 12, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 6-14-27
94%
Other contributory causes of importance: arteriosclerosis

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? No
If so, specify
(Signed) P. V. Thompson M. D.
Address Jamesport, Mo
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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.

