

REC OCT 18 1940

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

31877  
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 254  
(b) Township Morgan Primary Registration District No. 5358 Registered No. 11  
(c) City or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Davies Co., Mo. REDA# 2  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Jessie Drummond</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar 29 1872</b>		
7. AGE YEARS <b>68</b>	MONTHS <b>6</b>	DAYS <b>5</b>
If LESS than 1 day, .....hrs. or .....min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Farmer</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo</b>	
	13. NAME <b>A. J. Drummond</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo</b>	
MOTHER	15. MAIDEN NAME <b>Mildred Haines</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo</b>	
17. INFORMANT (ADDRESS) <b>Thos Drummond Pattonburg Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Masonic</b> DATE <b>8/5/40</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Francis C. Pattonburg Mo</b>		
20. FILED <b>Sept 10 1940</b> <b>Francis C. Patton</b> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/3/40**, 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 10**, 19**40** to **Aug 3**, 19**40**  
I last saw him alive on **Aug 2**, 19**40**. Death is said to have occurred on the date stated above, at **6-15 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic nephritis & arteriosclerosis**

Other contributory causes of importance: **121**

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**40**  
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 \_\_\_\_\_  
(Signed) **Frank Hedgus** M. D.  
(Address) **Pattonburg Mo**

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.

Dist. Office in Office No. 12  
District File Number  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *G. L. Gomer*

Licensed Embalmer No. *2857*

P. O. Address *Duttonsburg TN*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**