

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.

OCT 29 1932

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

Do not use this space.

28882

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 784
 3 Township St. Ferdinand Primary Registration District No. 411-1-16-63d
 4 City Ferguson (No. 124 Hall Ave.) St. _____ Ward _____

2. FULL NAME Lambert Drury
 (a) Residence, No. 124 Hall Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Drury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than a day, hrs. or min.
	<u>63</u>	<u>=</u>	<u>3</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME Michael Drury

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Elmer Mottler
(ADDRESS) Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bloomington, Mo. DATE Oct. 5 1932

19. UNDERTAKER (ADDRESS) Jas. W. LeBarak
1125 N. Hammond

20. FILED 1075 1932 E. J. Harris
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1932 to 10/3, 1932
 I last saw him alive on 10/3, 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Hemiplegia
arteriosclerosis
myocarditis

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) C. O. Hughes, M. D.
 (Address) Ferguson Mo

