

[SEE OTHER SIDE]

PLACE OF DEATH

County of Clay
Township of Harrison
Village of _____

Indiana State Board of Health.
CERTIFICATE OF DEATH.

114

Registered No. 116

City of Clay City (No. _____ St. _____ Ward _____)

If death occurred in a hospital or institution, give to NAME instead of street and number.

(If death occurred from USUAL RESIDENCE give both called for under "Special Information.")

FULL NAME Chas. N. Drummond

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Oct 15 1881
(Month) (Day) (Year)

AGE 27 years 7 months 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

NAME OF HUSBAND OR WIFE _____

BIRTHPLACE OF DECEASED Vigo Co Ind.
(State or territory)

NAME OF FATHER Elias Drummond

BIRTHPLACE OF FATHER Mo.
(State or territory)

MARITAL NAME OF MOTHER Sarah R. Woods

BIRTHPLACE OF MOTHER Mo.
(State or territory)

OCCUPATION OF DECEASED laborer

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1909

I HEREBY CERTIFY, That I attended deceased from July 1st 1909 to July 7 1909 and that death occurred, on the date stated above, at 6 AM

THE CAUSE OF DEATH was as follows:
Tuberculosis Pulmonalis

Contributory _____

(Signed) Ed. B. ...
July 9 1909 (Address) Clay City, Ind.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarah Drummond
(Address) Clay City Ind.

RURAL PERMIT ISSUED BY _____

Name and Address of Health Officer or Clerk _____

SPECIAL INFORMATION use for Hospital, Institution or Treasurer

PLATE OF BURIAL OR RECORDS Maple Grove DATE OF BURIAL Jul 9 1909

LABORATORY Chas. ... No. of LICENSE 594

Address Clay City Ind. and this form completed 4. 8