

'PLACE OF DEATH **Lake** **STANDARD CERTIFICATE OF DEATH** Local No. **368,**
 County **Lake** **INDIANA STATE BOARD OF HEALTH** Registered No. **25262**
 Incorporated **North** **BUREAU OF VITAL STATISTICS**
 Town **Hammond** No. **St. Margaret's Hospital** St.
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred **9** yrs. - mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 FULL NAME **John W. Drummond**
 Residence: No. **1116 Merrill** St. **Hammond**
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
 SEX **Male** COLOR OR RACE **White** Single, Married, Widowed or Divorced (write the word) **Widowed**
 If married, widowed, or divorced HUSBAND of (or) WIFE of **Lillian**
 DATE OF BIRTH (month, day and year) **Feb. 13th 1880**
 AGE Years **59** Months **5** Days **12** If LESS than 3 day, hrs. or min.
 OCCUPATION **Shop Foreman Standard Steel**
 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 Date deceased last worked at this occupation **12-1-38** Total time (years) spent
 BIRTHPLACE (State or country) **Indiana**
 FATHER'S NAME **Elias Drummond** BIRTHPLACE (State or country) **Missouri**
 MOTHER'S MAIDEN NAME **Sally Woods** BIRTHPLACE (State or country) **Missouri**
 INFORMANT **John W. Drummond, Jr.** (Address) **1116 Merrill St.**
 PLACE OF BURIAL OR REMOVAL **Oak Hill** Date **Aug. 8th 1939**
 UNDERTAKER **DORNFELD - STEWART** ADDRESS **6020 Holman**
 WAS THE BODY EMBALMED? **Yes** EMBALMER'S LICENSE No. **3775**
 Filed **Aug. 9, 1939** **H. C. ...** Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH
 DATE OF DEATH **August 5th 1939**
 (Month) (Day) (Year)
 I HEREBY CERTIFY, That I attended deceased from **June 1, 1939** to **Aug. 5, 1939**
 and that death occurred, on the date stated above, at **10:45 A.M.**
 The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis Date of onset **unknown**
Ca. of prostate
 Other contributory causes of importance: **51**
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 (Signed) **S. ...** M. D.
Aug. 5, 1939 (Address) **5435 1/2 Holman**