

PLACE OF DEATH.

County of Clay
 Township of Harrison
 Town of Clay City or
 City of _____
 No. _____ St. _____
 Ward _____

Indiana State Board of Health.

Record Number 84

217

CERTIFICATE OF DEATH.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

Full Name Sam'l Drummond

PERSONAL AND STATISTICAL PARTICULARS.

Sex Male Color White
 Single, Married, Widowed or Divorced, } Single
 Name of Husband or Wife, _____
 Date of Birth Dec 25 1893
 Month. Day. Year.
 Age 19 years, _____ months, 19 days.
 Occupation Chicken picker
 Birthplace Ind.
 (State or Country.)
 Place of Death Clay City Ind.
 Name of Father Elias Drummond
 Birthplace of Father Mo.
 (State or Country.)
 Maiden Name of Mother Sarah Woods
 Birthplace of Mother Mo.
 (State or Country.)

MEDICAL CERTIFICATE OF DEATH.

Date of Death Feb. 13th 1903
 Month. Day. Year.
 I HEREBY CERTIFY, That I attended deceased from Jan. 16 1903, to Feb. 13 1903
 that I last saw him alive on Feb. 13 1903, and that death occurred on the date stated above, at 6 o'clock A. M.
 To the best of my knowledge and belief the cause of death was as follows:
 Chief Cause Typhoid fever
 Duration 27 days
 Immediate Cause Hemorrhage of intestines
 Duration _____
 (Signed) E. Drummond M. D.,
Feb. 14 1903 (Address) Clay City Ind.

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.
 Former or usual Residence _____
 How long at Place of death _____ days.
 Where was disease contracted if not at place of death? _____

Place of Burial or Removal Greenwell Cem Proposed date of Burial Feb. 14-1903
 Undertaker C. Hurst Address Clay City 1903

Filed Feb. 14 1903
J. A. Macleaitt
 Health Officer or Deputy.
 (Address) Clay City

The above stated personal particulars are true to the best of my knowledge and belief.

(INFORMANT) E. Drummond
 (Address) Clay City Ind.

(IF UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, WRITE "UNKNOWN.")