17597-a

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 449

Do not use this space. 17597-a

1. PLACE OF DEATH
County Laclede — Registration District No. ~~Sta~~ 4267 — File No. 5
Township — Primary Registration District No. 57649 — Registered No. 5
City Lebanon (No. ..... St. ..... Ward)

2. FULL NAME George Jackson Plemmons
(a) Residence. No. Brumley Mo 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 1915

7. AGE: 1 Years 12 Months 9 Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brumley Mo

PARENTS
10. NAME OF FATHER: Ee A Plemmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Brumley Mo
12. MAIDEN NAME OF MOTHER: Lora McGowell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hawkeye Mo.

14. INFORMANT: Ee A Plemmons
(Address) Brumley Mo

15. FILED 5/20, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/16 1928

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 16, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at 2:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General ~~Peritonitis~~
121 Peritonitis
122 [illegible]
(duration) ..... yrs. ..... mos. 9 ds.
CONTRIBUTORY (SECONDARY) Ruptured appendix
(duration) ..... yrs. ..... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Brumley Mo
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 9-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Abdominal findings
(Signed) P. Thompson, M. D
, 19 (Address) Lebanon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION~~, OR REMOVAL: J C Thompson — DATE OF BURIAL: May 17 1928

20. ~~UNDERTAKER~~: Hawkins Cemetery — ADDRESS: Brumley 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County: Laclede — Registration District No.: 449 — File No.:
Township: — Primary Registration District No.: 4267 — Registered No.: 5
City: Lebanon (No. ..... St. ..... Ward)

2. FULL NAME: George Jacksen Plennons
(a) Residence. No. Brumley Mo Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 11-1915

7. AGE: YEARS 12 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brumley Mo

PARENTS
10. NAME OF FATHER: E. A. Plennons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Brumley Mo
12. MAIDEN NAME OF MOTHER: Lord McDowell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: E. A. Plennons
(Address): Brumley Mo

15. FILED: J M Billings — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/16 1928

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1928 to May 16, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at 2 00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Ruptured appendix
(duration) ..... yrs. ..... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Brumley Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF May-9-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? abdominal findings
(Signed) P. Thompson, M. D
, 19 (Address) Lebanon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hawkins Cemetery — DATE OF BURIAL: May 17 1928

20. UNDERTAKER: J C Thompson — ADDRESS: Brumley Mo.

S-17597 A