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.

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

Do not use this space.

40779

5155

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 914 E-14+W St. ..... Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME Margaret Emma Plunket

(a) Residence. No. 914 E-14+W St., 2 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 6 1871

7. AGE: 57 YEARS | MONTHS: 4 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(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) Fountain Co. Ind.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown

14. INFORMANT: J M Plunket
(Address) 802 Campbell St KCMo

15. FILED 12/15 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec-14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to 14, 1928, that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobos Pneumonia

108

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 101

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H C Tripp M. D

12/14, 1928 (Address) 410 Aug 6

*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: Mt Washington

DATE OF BURIAL: Dec 15 1928

20. UNDERTAKER: D W Newcomer's Son's

ADDRESS: KCMo

Dr. H. C. Tripp
410 Argyle Bldg.
Ha. 3454
P.M.