

APR 30 1930

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

Do not use this space.

5841

1. PLACE OF DEATH

County Nodaway
Township Nodaway
City Burlington Jct. (No. _____)

Registration District No. 618
Primary Registration District No. 4369

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ladotia Plummer

(a) Residence No. _____ 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 f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Whiteside
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Jones

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

12. MAIDEN NAME OF MOTHER Nancy White

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

14. INFORMANT Guy Plummer
(Address) Burlington Jct. Mo.

15. Miss 30 Classified
April-8-30 C. P. Fryer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1930, to Feb. 14, 1930, that I last saw her alive on Feb. 14, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
10 1/2
131 (duration) _____ yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Diabetes mellitus
Chronic nephritis (duration) 11 yrs. mos. _____ ds.

18. WHEREAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. M. Hindman M. D.

3-10-1930 (Address) Burlington Jct., 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 Burlington Jct. Mo DATE OF BURIAL 2/16/30 1930

20. UNDERTAKER John ADDRESS Burl. Jct. 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.

