NOV 3 1930

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

Do not use this space.

31919ee

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada (N.) ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 209

2. FULL NAME Susan ~~[illegible]~~ Plunkett
(a) Residence No. 1525 E Ashland St. 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 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: N
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April-18-1866

7. AGE: 64 YEARS, 4 MONTHS, 10 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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) Louisville
(STATE OR COUNTRY) Kentuckey

PARENTS
10. NAME OF FATHER: William Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Emmett
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER: Eliza Haggard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emmett
(STATE OR COUNTRY) Kentuckey

14. INFORMANT Carl Plunkett
(Address) Nevada Mo

15. FILED 10/8/1930 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/8 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-5, 1930, to 9-8, 1930 that I last saw her alive on 9-8, 1930, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nervous Shock
Land Breakdown
87 B (duration) ..... yrs. ..... mos. 15 ds.
CONTRIBUTORY (SECONDARY) General paralysis & anorexia
75 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS 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) H E Oheal, M. D
9/8/1930 (Address) Nevada, 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: Clicks Cement
DATE OF BURIAL: 9/9 1930

20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada

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.