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.

38863

JAN 19 1931

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township Washington — Primary Registration District No. 5278 — Registered No. 132
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Rush 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 23 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 27 1858

7. AGE: Years 72 — Months 4 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Ind

PARENTS
10. NAME OF FATHER: Ben Plummer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Rachel Ann Hotard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: C H Plummer
(Address) Excelsior Springs Mo

15. FILED Jan 1, 1931 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to Dec. 30, 1930 that I last saw him alive on December 30, 1930, and that death occurred, on the date stated above, at 11 a. m.

11B THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Infection Left leg. Drop lymphatics from little toe
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Past Influenza
State (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 29-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

Dec 31, 1930 (Signed) John F. Grace, M. D.
(Address) Excelsior Springs 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: Crown Hill.
DATE OF BURIAL: Jan 1 1931

20. UNDERTAKER: Herbert Hoy
ADDRESS: Excelsior Springs Mo.