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.

SEP 14 1934

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

Do not use this space. 28625

1. PLACE OF DEATH
County: Cedar — Registration District No.: 164
Township: Benton — Primary Registration District No.: 5229
City: ..... (No. ..... St. ..... Ward)

File No.: 158
Registered No.: 20

2. FULL NAME: Homer H Plain

(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: M
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 9 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
9	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

FATHER
13. NAME: Fred Plain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

MOTHER
15. MAIDEN NAME: Emma Burgin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

17. INFORMANT: Fred Plain
(ADDRESS) Montevallo, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clintonville Cem DATE: 8/3 1934

19. UNDERTAKER: Gwinn-Siders
(ADDRESS) El Dorado Springs, Mo

20. FILED: 8/3 1934 Mrs Mary Heifner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-27-, 1934, to Aug 2, 1934
I last saw him alive on 8-1-, 1934. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ptomain poison	
177	
Other contributory causes of importance:	40

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury: ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) J H Dawson, M. D.
(Address) El Dorado Springs Mo.

#2 Cedar.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

158

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Homer N. Plain

Who died at _____ on Aug - 2 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M. Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 9 Months 11 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) Ptomain Poison

Birthplace of mother (State or country) due to food poisoning

Principal cause of death: Most likely vegetable

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs Mary Haifner 8-3-34 Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 164

Primary Reg. Dist. No. 5229

Very truly yours,

E. T. McGaugh M. D.

Special Agent.

S-28625