

1 JUN 1 1935

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

Do not use this space.
aa. Sale.
13721

1. PLACE OF DEATH
County Newton Registration District No. 609
Township Neosho Primary Registration District No. 6802
City Neosho (No. 4303) St. _____ Ward _____
2. FULL NAME Cora Plummer
(a) Residence, No. Country Rd. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John P. Plummer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>About 63</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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.....
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neosho Missouri</u>	
	13. NAME <u>Light Rogers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	17. INFORMANT (ADDRESS) <u>L. P. Plummer 219 N. Emporia Wichita Ks.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sham Cemetery</u> DATE <u>4-27-35</u>		
19. UNDERTAKER (ADDRESS) <u>Calby Thompson Neosho Mo.</u>		
20. FILED <u>4-27-35</u> 19 <u>Orval A. Sale, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935, to April 24, 1935
I last saw him alive on April 23, 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Two or three years
Other contributory causes of importance:
Several years standing,
not known

Name of operation..... None Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury....., 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
NO

Manner of injury..... None
Nature of injury..... None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) Orval A. Sale, M. D.
(Address) Neosho, Mo.

COPY WITH CONTACTING 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.

