

DEC 16 1937

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

Do not use this space.

41020

1. PLACE OF DEATH

County ClintonRegistration District No. 210Township PlattePrimary Registration District No. 5290

City..... (No.)

St. Ward)

2. FULL NAME

James Burr Plummer

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Bell Burr Plummer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 18657. AGE YEARS 72 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Clinton County Mo.13. NAME John Plummer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Willie Wittahine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT John B. Plummer (ADDRESS) Kansas City, Kans.18. BURIAL, CREMATION, OR REMOVAL PLACE Perin mo DATE Nov 13 193719. UNDERTAKER O'Brien - Ryan (ADDRESS) Platteburg mo.20. FILED Nov. 12 1937 John Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1937 to Nov 11 1937I last saw him alive on Nov. 11 1937 Death is saidto have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal FluOther contributory causes of importance: 112acute ColitisDate of onset Oct 25 1937Nov. 6 1937

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? _____

If so, specify _____

(Signed) John Kay M. D.(Address) Perrine Missouri

WRITE PLAINLY WITH UNFADING 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.

FORM 10-36 I X7294

