

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.

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

29267
Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH

(a) County Holt Registration District No. 373
(b) Township Lewis Primary Registration District No. 4219
(c) City Oregon (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

456 Ada Catherine Plummer

(a) Residence, No. Oregon, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert P. Plummer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Forest City
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Allen Wood
14. BIRTHPLACE (CITY OR TOWN) Lincoln County
(STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Minerva Hill
16. BIRTHPLACE (CITY OR TOWN) Lincoln County
(STATE OR COUNTRY) Kentucky

17. INFORMANT Galen Good
(ADDRESS) Forest City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon, Missouri DATE Aug. 31, 1939

19. FUNERAL DIRECTOR (NAME) Pettijohn Funeral Service
(ADDRESS) Oregon, Missouri

20. FILED 8/21 1939 Ralph C. Moore
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from

_____ 1939, to Aug 19, 1939

I last saw her alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Aug 18 1939

Other contributory causes of importance:

Name of operation none 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) E. F. Kearney, M. D.
334 (Address) Oregon

RECEIVED
District Health Officer No. 111
District File Number 239-11197
Date Filed SEP 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *James A. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.