

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

Do not use this space.

**34971**

**31907**

**1. PLACE OF DEATH**  
 County McDonald Registration District No. 1167  
 Township Richwood Primary Registration District No. 5699  
 City (No. ....) St. .... Ward) .....

**2. FULL NAME** Chease Oscar Plunket  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) .....

Length of residence in city or town where death occurred 65 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ann Plunket</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1856</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation.....
	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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>		
MOTHER FATHER	13. NAME <u>Chease O. Plunket</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>	
	15. MAIDEN NAME <u>Eliza Kotets</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>	
17. INFORMANT (ADDRESS) <u>E. P. Plunket, Rocky Mount, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky Mount</u> DATE <u>Oct. 13, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Bella Funeral Home, Warrenton, Mo.</u>		
20. FILED <u>Nov. 10, 1931</u> <u>E. Edmondson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1931, to Oct. 12, 1931. I last saw him alive on Oct. 11, 1931. Death is said to have occurred on the date stated above, at 6 a. m.. The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) 85A

Date of onset Oct. 11, 1931

Other contributory causes of importance:  
J. R. Edmondson

Name of operation..... 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?..... 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. R. Edmondson, M. D.  
 (Address) Stella, Mo.

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.

