

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

36482

1. PLACE OF DEATH

County Jackson
 Township Law
 City K.C. Mo. (No. Grace Hospital)

Registration District No. 399
 Primary Registration District No. 1002

File No. 36482
 Registered No. 3000
 St. _____ Ward _____

2. FULL NAME

Emma Clara Plummer
 (a) Residence, No. 1011-8-8th, 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-9-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
46 0 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employee) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Augusta
 (STATE OR COUNTRY) Maine

10. NAME OF FATHER John Shaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Maine

12. MAIDEN NAME OF MOTHER Mary Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Maine

14. INFORMANT Mrs. N. Plummer
 (Address) 1011-8-8th St.

15. FILED 12-29-23 M. M. Crowe
 REGISTRAR Dej

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-26-1923

17. I HEREBY CERTIFY, That I attended deceased from 12-18-23 to 12-26, 1923, and that I last saw h. s. a. alive on 12-26 at 10:50 P.M. and that death occurred, on the date stated above, at 10:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

CONTRIBUTORY (SECONDARY) 58A
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination

(Signed) J. H. Plummer M. D.
127, 1923 (Address) 610 Commerce Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Vault DATE OF BURIAL 12-29-1923

20. UNDERTAKER Mr. C. L. Foster ADDRESS K.C. Mo.

MARGIN RESERVED FOR BINDING 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.

