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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 40581

Township Kaw — Primary Registration District No. 1002 — Registered No. 4955

City Kansas City (No. 2230 Prospect St. Ward)

2. FULL NAME Melvin Elijah Plympton

(a) Residence. No. 2230 Prospect St., 11 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Elizabeth Plympton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 4, 1865

7. AGE: Years 63 — Months 9 — Days 2 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Galesburg (STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Elijah Plympton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Miss Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs Anna Plympton (Address) 2230 Prospect

15. FILED 12/7, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 6, 1928 that I last saw him alive on Dec 6, 1928, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Massive — 11A 10A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

12/7, 1928 (Signed) Harry E Rabbins, M. D (Address) 800 Rialto 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Knoxville Ill. — DATE OF BURIAL: 12-7 1928

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: K. C. Mo.