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

Do not use this space.

31335

1. PLACE OF DEATH
County Madison Registration District No. 738
Township Primary Registration District No. 728
City Fredericktown (No. St. Ward)
File No.
Registered No.

2. FULL NAME Susana Francis Plummer
(a) Residence. No. 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Plummer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6-1847

7. AGE Years 82 Months 7 Days 28 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

PARENTS
10. NAME OF FATHER Wm Waggoner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Wm Plummer
(Address) Fredericktown Mo

15. FILED Sept 30 1929 C U Dhon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1929, to Sept 3, 1929 that I last saw her alive on Sept 1, 1929, and that death occurred, on the date stated above, at 3:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anaemia
38 15
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Malaria
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L C Slaughter, M. D
Sept 4, 1929 (Address) Fredericktown

*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 Christian, Fredericktown
DATE OF BURIAL Sept 4 1929

20. UNDERTAKER Ed. H. Webb
ADDRESS Fredericktown 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.

62 OCT 24 1929