

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

Do not use this space.

**33054**

**1. PLACE OF DEATH**

County.....Buchanan..... Registration District No.....85  
Township..... Primary Registration District No.....1001  
City.....St. Joseph,..... (No.....Missouri Methodist Hospital..... St..... Ward.....)

File No.....  
Registered No.....1213  
St..... Ward.....

**2. FULL NAME**..... James G. Plymall

(a) Residence. No..... St..... Ward..... New Hampton, MO.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 16 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 Kittie Plymall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1872.

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|        | <u>57</u> | <u>1</u> | <u>19</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Retired Soldier  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... New Hampton Harrison, Mo.  
(STATE OR COUNTRY) Missouri.

**PARENTS**

10. NAME OF FATHER..... John A Plymall  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Unknown  
(STATE OR COUNTRY) Missouri.  
12. MAIDEN NAME OF MOTHER..... Mary C Miller  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Eldorado,  
(STATE OR COUNTRY) California.

14. INFORMANT..... Kittie Plymall  
(Address) New Hampton, MO.

15. FILED..... 21 1929 19.....  
John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 20th 19 29

17. I HEREBY CERTIFY, That I attended deceased from 10-4-29 19..... to 10-20- 19..... that I last saw him alive on 10-12- 19..... and that death occurred, on the date stated above, at..... 2/30. AM

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholecystitis 12-73  
11-19

(duration) 10 yrs..... mos..... ds.

**CONTRIBUTORY (SECONDARY)**

Embolism - pulmonary  
(duration)..... yrs..... mos..... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... Philippine Islands

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-12-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Paul Jorgensen..... M. D.

Oct. 20, 1929. (Address) 509 Joseph, Mo

\*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

DATE OF BURIAL

New Hampton, Missouri.

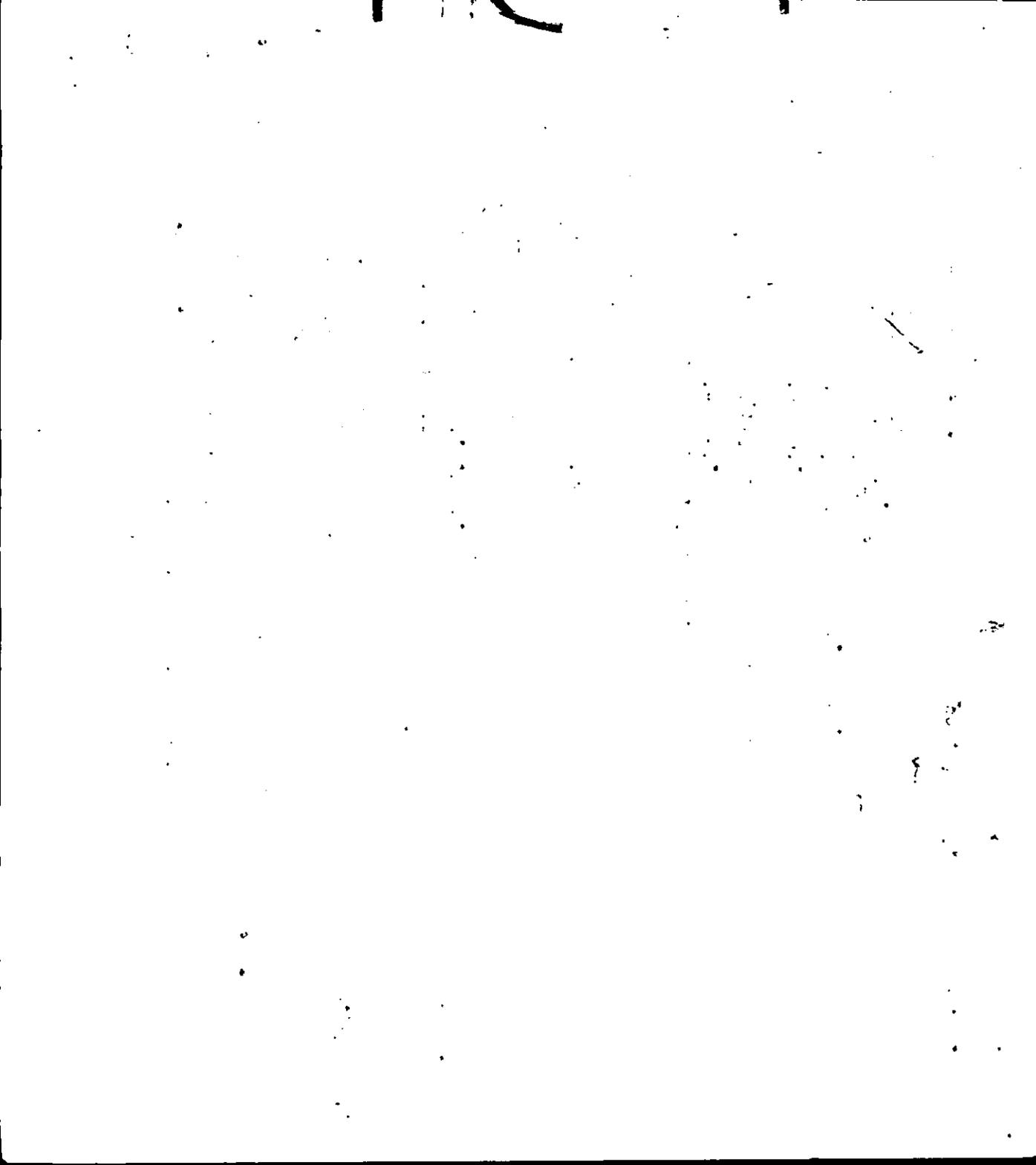
Oct. 22, 19 29

20. UNDERTAKER

ADDRESS

H.C. Sidenfaden 1802 Union Str.

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**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Buchanan  
Township H. Joseph  
City H. Joseph (No. ....)

Registration District No. 85  
Primary Registration District No. 1001

File No. ....  
Registered No. 1213  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds. (If nonresident, give city or town and State)

James G. Plymell

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(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).....

**PARENTS**  
10. NAME OF FATHER John A. Plymell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY).....  
12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT Hittie Plymell (Address).....  
15. FILED 12-2-29 John H. Witz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) ..... 19.....

17. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

..... (duration) ..... yr. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yr. .... 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)....., M. D.

. 19 (Address)

\*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 ..... DATE OF BURIAL ..... 19.....

20. UNDERTAKER ..... ADDRESS .....

**SUPPLEMENTARY**

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD  
K. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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