MAR 25 1930

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

Do not use this space.

4447

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 2014

City: Jefferson (No. ..... St. ..... Ward)

File No.: — Registered No.: 52

2. FULL NAME George Addison Plank, Jr.

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-9-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29	0	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Electrical Engineer
(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) Independence, Missouri

PARENTS

10. NAME OF FATHER: George A. Plank

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

12. MAIDEN NAME OF MOTHER: Emma Fought

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

14. INFORMANT: Mrs. George A. Plank, Sr.
(Address) Independence, Missouri

15. FILED 3/3, 1930 S V Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1930 to Feb. 17, 1930 that I last saw him alive on Feb 17, 1930 and that death occurred, on the date stated above, at 1P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Electric shock,

193

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

CONTRIBUTORY (SECONDARY) 110

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Jefferson City, Mo
DID AN OPERATION PRECEDE DEATH? or DATE OF
WAS THERE AN AUTOPSY? 93
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edw. Mansur, M. D.
Feb., 1930 (Address) Jefferson City, 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
Independence, Missouri	2/18 1930

20. UNDERTAKER	ADDRESS
Wymore - Gordon U. Co.	J C Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD