

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

Do not use this space.

18658

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph, (No. 1019 North 13th.) St. Ward)

File No.....
Registered No. 685

2. FULL NAME Mary Ann Plummer

(a) Residence. No. 1019 North 13th. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 10, 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
	<u>89</u>	<u>5</u>	<u>1</u>	hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Talbot County,
(STATE OR COUNTRY) Maryland,

PARENTS	10. NAME OF FATHER <u>Edward Tarbutton,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Talbot Co.,</u> (STATE OR COUNTRY) <u>Maryland,</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Unknown,</u>

14. INFORMANT E. S. Plummer
(Address) 1019 North 13th Street.

15. FILED 11 1930 John S. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mary 1930 to June 11, 1930 that I last saw her alive on June 10th, 1930, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Wm. M. Worton M. D.
June 11, 1930 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Achland Cemetery, DATE OF BURIAL June 12 1930.

20. UNDERTAKER Heador-Belcher-Bowman ADDRESS 319 S. 10 St.

Funeral Home

JUL 21 1930
 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 UNMIXING INK—THIS IS A PERMANENT RECORD

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