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

Do not use this space.

10918

1. PLACE OF DEATH
74 County Nodaway
Township Atchison
City ..... (No. ..... St. ..... Ward)

Registration District No. 619
Primary Registration District No. 5821

File No. .....
Registered No. 5

2. FULL NAME John Randolph Plummer
(a) Residence. No. ..... St., ... Ward. Burlington Jct., Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer, retired 24 years
(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) Henry County Illinois

PARENTS
10. NAME OF FATHER Clemants Plummer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Lucina Patchen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shardon Ohio

14. INFORMANT Guy Plummer
(Address) Burlington Jct., Mo

15. FILED Mch 5 1931 W. H. Wiley
Apr 10-31 C. P. Fryer REGISTRAR
MEC

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1931

17. I HEREBY CERTIFY, That ~~I attended deceased from ..... 19.... to ..... 19.... that I last saw h..... alive on ..... 19.... and that~~ death occurred, on the date stated above, at 9 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
59
92B
59
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus
more than (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas. D. Humbert M.D., M.D.
3/4, 1931 (Address) Coroner, Nodaway Co., 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 Ohio Cemetery, Burlington Jct., Mo
DATE OF BURIAL Mch 5 1931

20. UNDERTAKER J. R. Hann, Burlington Jct., Mo
ADDRESS