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.

JUN 24 1931

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

Do not use this space.

17230

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 42
City (No. 2 mi. East St Joseph St. Ward)

2. FULL NAME Martin August Plowman
(a) Residence. No. RR # 4 St Joseph Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. 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: Laura C. Plowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 11, 1869

7. AGE: Years 61 — Months 8 — Days 6. — If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN): unknown
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Jacob Plowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Miriam McNitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Martin Plowman
(Address): St Joseph Mo.

15. FILED 5-18 1931 J. J. Bauschel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1931.

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to —, 19—, that I last saw him alive on April 7, 1931, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis (Nephrosis)
Secondary Hypertension.
(duration) 11 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage
(duration) yrs. 2 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? clinical + laboratory

(Signed) Dimery H. Frommer, M. D.
May 18, 1931 (Address) 216 Phys. & Surg. Bldg.

*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: Nelson Cemetery.
DATE OF BURIAL: May 19 1931

20. UNDERTAKER: Heaton BeGole & Bowman
ADDRESS: 319 So. 10 St Joseph Mo.