

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

Do not use this space.

21186

1. PLACE OF DEATH

County Greene Registration District No. 316
Township N. Campbell Primary Registration District No. 6439
City Springfield (No. P. R. # 6)

File No. _____
Registered No. 480
St. _____ Ward _____

2. FULL NAME

William Plum
(a) Residence, No. J.P.F.D. 6 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? 46 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 Husband Mrs. Marie Plum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>6</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Greenhouse ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trust Savings

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dusseldorf (STATE OR COUNTRY) Germany

13. NAME Joseph Plum

14. BIRTHPLACE (CITY OR TOWN) Dusseldorf (STATE OR COUNTRY) Germany

15. MAIDEN NAME Urbmann

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Wm Plum (ADDRESS) Route 6

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 22, 1931

19. UNDERTAKER J. C. Thigme (ADDRESS) 1100 Boardwalk

20. FILED 6-22-31 John Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept. 19, 1930, to June 20, 1931

I last saw him alive on June 20, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

930 Myocarditis Chronic Date of onset 1929
132 A
930
Other contributory causes of importance:
Nephritis with hypertension
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. B. Camp, M. D.

(Address) Springfield 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. JUL 24 1931

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