

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

Do not use this space.

1817

1. PLACE OF DEATH *Millon*
 66 County *Richwood* Registration District No. *562*
 Township *Richwood* Primary Registration District No. *5757*
 City *It* (No. *It*) St. *It* Ward *It*

2. FULL NAME *Arusula Plummer*
 (a) Residence. No. *It* St. *It* Ward. *It*
 (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.

File No. *It*
 Registered No. *It*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 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 *Barnet Plummer*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 14 1876*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>55</i>	<i>10</i>	<i>14</i>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Housework*
 (b) General nature of industry, business, or establishment in which employed (or employer) *At Home 235*
 (c) Name of employer *Self*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Isidore M. Lohm*

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

12. MAIDEN NAME OF MOTHER *William Lockman*

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

14. INFORMANT *P. Plummer*
 (Address) *It*

15. FILED *Feb 9 1932* *W.A. Dow Greig*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 5 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 5 1932* to *Jan 5 1932*, and that I last saw him alive on *Jan 5 1932*, and that death occurred, on the date stated above, at *5:00 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis

9.50 (duration) yrs. *6* mos. *0* ds.

CONTRIBUTORY (SECONDARY) *It* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. *It*

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF *It*

20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *It*
 (Signed) *W. Lohm*, M. D.
 Address *Cracker 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 *Kerry Cemetery* DATE OF BURIAL *Jan 6 1932*

20. UNDERTAKER *It* ADDRESS *Cracker Mo.*

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.

FEB 24 1932

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