

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

Do not use this space.

16948-B

1. PLACE OF DEATH
 74 County Nodaway Registration District No. 618
 2 Township Nodaway Primary Registration District No. 4369
 2 City Burlington Jct (No. _____) St. _____ Ward _____

2. FULL NAME Delores Ann Plummer
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 2

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Burlington Jct / (STATE OR COUNTRY) MO

FATHER 13. NAME Harold C. Plummer

14. BIRTHPLACE (CITY OR TOWN) Burlington Jct / (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Lucille Lyle

16. BIRTHPLACE (CITY OR TOWN) Epworth / (STATE OR COUNTRY) Missouri

17. INFORMANT Harold C. Plummer (ADDRESS) Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ohio Cemetery DATE 5/16/32 19.

19. UNDERTAKER John (ADDRESS) Burlington Jct. Mo

20. FILED May 11, 1932 Blasius Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to May 16, 1932
 I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 2A m.
 The principal cause of death and related causes of importance were as follows:

Premature 6 mos
159
159
 Other contributory causes of importance: (1)

Date of onset 1/16, 32

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Blasius, M. D.
 (Address) Burlington Jct 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.

16948-B AUG 25 1932

