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

Do not use this space.

22463

File No.

Registered No. 63

1. PLACE OF DEATH

County: Franklin

Township: ~~Washington~~

City: Washington, Mo (No. ..... St. ..... Ward)

Registration District No. 297

Primary Registration District No. 3016

2. FULL NAME Lena Plessner

(a) Residence. No. 912 West 5th St., 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? 67 yrs. 8 mos. 23 ds.

AUG 03 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Frank Plessner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 27th 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	8	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Campbellton, Mo
(STATE OR COUNTRY) Franklin Co. Mo.

PARENTS

10. NAME OF FATHER Henry Groppe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Louise Groppe

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

14. INFORMANT Frank Plessner
(Address) Washington, Mo.

15. July 23, 1932 C. L. Immel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/20/32 19

17. I HEREBY CERTIFY, That I attended deceased from July 1 —, 1932, to July 20 —, 1932 that I last saw her alive on July 20 —, 1932, and that death occurred, on the date stated above, at 8:25 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

108

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Acute lobar pneumonia

(duration) ✓ yrs. ✓ mos. 5 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 ✓

(Signed) H. A. May, M. D.

July 22, 1932 (Address) Washington, 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: Lutheran Cemetery

DATE OF BURIAL: 7/23/32 19

20. UNDERTAKER: Nieburg & Vitt, Inc.

ADDRESS: Washington, 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD