

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

Do not use this space.

33970

**1. PLACE OF DEATH**

County..... Registration District No. *1320*  
Township..... Primary Registration District No. *5*  
City *St. Louis* (No. *1013 75th St. Pl*)

File No. ....  
Registered No. **9315**  
St. .... Ward)

**2. FULL NAME** *Mary A Pamplin*

(a) Residence, No. *1013 75th St.* St., *4* Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Peter A Pamplin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 16 - 1868</i>		
7. AGE YEARS <i>64</i>	MONTHS <i>2</i>	DAYS <i>3</i>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year).....	
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iowa</i>		
FATHER	13. NAME <i>Daniel Cummings</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Mary Flynn</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT <i>Peter A Pamplin</i> (ADDRESS) <i>1013 75th St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Our Set</i> DATE <i>Oct 22</i> 19 <i>32</i>		
19. UNDERTAKER <i>Funerary Trust Co</i> (ADDRESS) <i>4234 Woodberry Ave</i>		
20. FILED <i>Oct 20 1932</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

*1*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/19*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 5<sup>th</sup>*, 19*32*, to *Oct 19*, 19*32*.  
I last saw her alive on *Oct 18*, 19*32*. Death is said to have occurred on the date stated above, at *11:15 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia*  
*109A 108*  
Date of onset *Oct 15<sup>th</sup> 1932*

Other contributory causes of importance:  
*Multiple Neuritis* *(1)*  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Peter A Eck*, M. D.  
(Address) *4701 S. Adams Ave.*

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.

