

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

Do not use this space.

1. PLACE OF DEATH

21 County Chariton
Township Cockrell
City _____ (No. _____)

Registration District No. 175
Primary Registration District No. 5247

File No. 38887
Registered No. 54
St. _____ Ward _____

2. FULL NAME

Mary Pleyer
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 234
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ma 1

PARENTS

10. NAME OF FATHER Anthony Pleyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

12. MAIDEN NAME OF MOTHER Eberhardt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

14.

INFORMANT Henry Pleyer
(Address) Statebury, Mo

15.

FILED 12-24-1932 W. S. Hankins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 23/32

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1932, to Dec 23, 1932, that I last saw her alive on Dec 23, 1932, and that death occurred, on the date stated above, at 4.45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Insufficiency
1589 513
(duration) 3 yrs. - mos. - ds.
CONTRIBUTORY general Dropsy
(SECONDARY) (duration) 4 yrs. - mos. - 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 Physical Sign

(Signed) J. D. McAdams, M. D.

Dec 23 1932 (Address) Prairie Hill 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

DATE OF BURIAL

McCurry 12-24-1932

20. UNDERTAKER

ADDRESS

Winkelmaney Bacon Statebury
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.

JAN 22 1933

Exact copy of state

State of Florida
Department of State

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton
Township Coe Mill
City (No.) St. Ward

Registration District No. 175
Primary Registration District No. 5-247

File No.
Registered No. 54
St. Ward

2. FULL NAME

(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1864-4/17</u>			
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. LESS than 1 day, hrs. or min.	
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)			
13. NAME			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
15. MAIDEN NAME			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE			
19. UNDERTAKER (ADDRESS)			
20. FILED <u>1/13</u> <u>1933</u> <u>W. H. ...</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

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) M. D.
(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

1-388C-5