

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

Do not use this space.

6100

1. PLACE OF DEATH:
 48 County Jackson Registration District No. 400
 Township Prarie Primary Registration District No. 5553B
 City St. Albans (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 40

2. FULL NAME Frank Plum
 (a) Residence, No. Jackson County Home Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 1875
 7. AGE YEARS 57 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to 2-22, 1933.
 I last saw him alive on 2-21, 1933 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

mitral regurgitation
92A
 Other contributory causes of importance: 92A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) J. H. Hostetter
 18. BURIAL, CREMATION, OR REMOVAL PLACE Trickaville, Mo. DATE Feb 22 1933
 19. UNDERTAKER (ADDRESS) Ketterling, J. S. 240
 20. FILED 2-22-33 William S. Fields Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) J. W. Greene M. D.
 (Address) Independence, 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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

29
 2
 31
 31

1933-14-22
1875-4-2

57-10-20