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

Do not use this space.

27049

File No. 18

Registered No.

1. PLACE OF DEATH

66 County Miller

Township Glaize

City Tuckerton (No. ..... St. ..... Ward)

Registration District No. 565

Primary Registration District No. 561a

2. FULL NAME Francis V. Plummans Plummans

(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 W

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Andrew Jackson Plummans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1851

7. AGE Years 82 Months 2 Days 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY) Virginia

FATHER

13. NAME James Wall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Geo P. Wall
(ADDRESS) Brumley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawkins Cemetery DATE 8/2 1933

19. UNDERTAKER Adams & Carey
(ADDRESS) .....

20. FILED 8/2 1933 Chas. R. Hawkins
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from About 5/1, 1933 to 6/15, 1933
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrage | |
| | |
| | |
| | |

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) W. A. Van Gump, Osage, M. D.
(Address) Garner, Mo.
Miller County Health Office

N. B.—Every item of information should be carefully supplied. Avoid abbreviations. Write plainly. Be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933