WHITE PERMANENT 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.

1 NOV 10 1933

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

Do not use this space.

33173

1. PLACE OF DEATH
County JACKSON — Registration District No. 393 — File No.
Township KAW — Primary Registration District No. 2002 — Registered No. 4108
City KANSAS CITY (No. 4624-, TRACY St. Ward)

2. FULL NAME STEPHEN L PLUMMER
(a) Residence, No. 4624- TRACY 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) MRS. EMILY C. PLUMMER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-14-1878

7. AGE: YEARS 55 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER
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) OCTOBER-1933
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME STEPHEN PLUMMER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME CLARA C. UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. EMILY C. PLUMMER (ADDRESS) 4624- TRACY AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE LEES SUMMIT, MO. DATE OCTOBER-18, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 10-18, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1933, to 10/17, 1933
I last saw him alive on 10/17, 1933. Death is said to have occurred on the date stated above, at 8:03 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
117A Gastric hemorrhage	10/15/33
118C	
Other contributory causes of importance: History of Peptic Ulcer	1/10/33

Name of operation — Date of —
What test confirmed diagnosis? clinical ~~symptoms~~ 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) S. B. Prentiss, M. D.
(Address) 1215 Rialto Bldg.

1215 Rialto Bldg - 906 Fraud
12-3:30