

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

Do not use this space.

85

39280

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. St. Joseph Hospital)

Registration District No. 1001
Primary Registration District No. _____

File No. _____
Registered No. 1307 St. _____ Ward)

2. FULL NAME Julius Plato

(a) Residence, No. 824 Hall street St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Plato</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 6, 1864</u>					
7. AGE YEARS <u>69</u>		MONTHS <u>3</u>		DAYS <u>25</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber-Retired</u>				
	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) <u>Louisville</u> (STATE OR COUNTRY) <u>Kentucky</u>					
MOTHER	13. NAME <u>Frederick Wm. Plato</u>				
	14. BIRTHPLACE (CITY OR TOWN) <u>Prussia</u> (STATE OR COUNTRY) <u>Germany</u>				
	15. MAIDEN NAME <u>Margaret Barrow</u>				
FATHER	16. BIRTHPLACE (CITY OR TOWN) <u>Gecherling</u> (STATE OR COUNTRY) <u>Germany</u>				
	17. INFORMANT <u>Anna Plato</u> (ADDRESS) <u>824 Hall st St Joseph Mo.</u>				
	18. BURIAL, CREMATION, OR REMOVAL <u>Mt Olivet Cemetery</u> PLACE <u>St. Joseph Mo.</u> DATE <u>Jan. 3</u> , 19 <u>34</u>				
19. UNDERTAKER <u>H. O. Sinden</u> (ADDRESS) <u>1802 Union st St Joseph Mo.</u>					
20. FILED <u>1-2-</u> , 19 <u>34</u> <u>John R. Bender</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Dec. 31, 1933

I last saw him alive on Dec. 31, 1933 Death is said

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis with anemia

Date of onset
1928
12/15/33

Other contributory causes of importance:

Syphilis
Chronic myocarditis

1910
1932

Name of operation none Date of _____

What test confirmed diagnosis Pathologist Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. J. Thompson, M. D.

(Address) 825 Charles St. St. Joseph, Mo.

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.

AN 26 1934

RESERVED FOR BINDING

