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

Do not use this space.

1. PLACE OF DEATH
County Harrison
Township Butler
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1012
Primary Registration District No. 5480

File No. 16474
Registered No. 3

2. FULL NAME Thomas Benton Plumbley

(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.

JUN 21 1934

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.

WRITE PLAINLY, WITH ORDINARY INK, IN ENGLISH, NO ABBREVIATIONS TO A PERMANENT RECORD

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 Margret Elizebath Plumbley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1855

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Tenn

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont No

MOTHER
15. MAIDEN NAME Farby Kirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont No

17. INFORMANT (ADDRESS) Mrs Della Swope McFall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Matkins DATE May 27 1934

19. UNDERTAKER W. G. Noble
(ADDRESS) NewHampton Mo.

20. FILED May 28 1934 J. Y. Mrs Woodson Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23 1934, to May 25 1934
I last saw him alive on May 23 1934. Death is said to have occurred on the date stated above, at 12P m.
The principal cause of death and related causes of importance were as follows:

Cerebral embolism — 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) C. A. Porter, M. D.
(Address) New Hampton Mo