

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.

16 1934

Holtbo.

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

Do not use this space.

1. PLACE OF DEATH

County *Black*
Township *Linsale*
City (No.) St. Ward)

Registration District No. *190*
Primary Registration District No. *5264*

File No. *19838*
Registered No. *35*

2. FULL NAME *Isabelle P. Plenge*

(a) Residence, No. St. 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

3. SEX <i>M.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Herman Plenge</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 15 1877</i>			
7. AGE YEARS <i>56</i>	MONTHS <i>10</i>	DAYS <i>11</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>At Home</i>	
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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Black Co Missouri</i>
	13. NAME <i>Michael Lang</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Sophia Muhler</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT (ADDRESS) <i>August Plenge, Kahoka, Mo. R. R.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Pauls Cem</i> DATE <i>June 29, 1934</i>	
19. UNDERTAKER (ADDRESS) <i>Fred J. Harle, Kahoka, Mo.</i>	
20. FILED <i>24</i> 19 <i>34</i> <i>J. P. Ondras</i> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 26, 1934*

22. I HEREBY CERTIFY That I attended deceased from *August 1877* to *June 26, 1934*
I last saw him alive on *June 20, 1934* Death is said to have occurred on the date stated above, at *8:25 AM*.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Hypertensive heart disease
Athero-sclerosis
Date of onset *97*

Other contributory causes of importance: *ASLV*

Name of operation *None* Date of *June*
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?
If so, specify _____
(Signed) *M. J. Holtbo* M. D.
(Address) *Kahoka, Mo.*

