

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.*

Registration District No. **791**
1003
Primary Registration District No. *3407 A St. Vincent Ave*

File No.....
Registered No. **27277**
7517
St. Ward)

2. FULL NAME

Minnie Plumlee
(a) Residence, No. *3407 A St. Vincent St. Ave* 17 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 *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Comor Plumlee*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 19-1894*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *New Mexico*

MOTHER / FATHER 13. NAME *Jerry Bullard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Nancy Hunter*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

17. INFORMANT *Mr. Comor Plumlee*
(ADDRESS) *3407 A St. Vincent Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Neosho Mo* DATE *July 27 1934*

19. UNDERTAKER *E. J. Schmar*
(ADDRESS) *3125 Lafayette Ave*

20. FILED *ULL 26 1934* *J. Biedeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-24-1934*

22. I HEREBY CERTIFY, That I attended deceased from *7-24*, 1934, to *7-24*, 1934.
I last saw her alive on *7-24*, 1934. Death is said to have occurred on the date stated above, at *9:15 P.m.*
The principal cause of death and related causes of importance were as follows:

Date of onset
Myocarditis, chronic
9:20
11:2
Other contributory causes of importance:
Asthma **PSC**

Name of operation *None* Date of.....
What test confirmed diagnosis? *Csm* 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.
None

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....
(Signed) *John H. Quember*, M. D.
(Address) *1504 So Grand Ave*

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.

AUG 15 1934

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