JUL 26 1935

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

Do not use this space.

20675

1. PLACE OF DEATH
County Phelps
Registration District No. 678
Township
Primary Registration District No. 5904
City St James Hospital, St. Ward)
File No.
Registered No.

2. FULL NAME Clyde Hubert Plank
(a) Residence, No. St., Ward. Salem, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1922

7. AGE YEARS 13 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) Salem Dent Co Mo

FATHER
13. NAME Wilson Plank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

MOTHER
15. MAIDEN NAME Ida E Tinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT (ADDRESS) Wilson Plank R 4 Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Round Pond DATE 7-1- 1935

19. UNDERTAKER (ADDRESS) N D Hobson Salem Mo

20. FILED 6-29- 1935 Mrs. W. F. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th, 1935

22. I HEREBY CERTIFY That I attended deceased from June 28th, 1935, to June 29th, 1935
I last saw him alive on June 29th, 1935. Death is said to have occurred on the date stated above, at 3 40 P m.
The principal cause of death and related causes of importance were as follows:

Streptococcus infection of R foot & leg and General Sephaemia

Date of onset 35

Other contributory causes of importance:
Small Cuts on foot & leg
{all that could be found}

Name of operation Incision & Drainage Date of June 29th 35
What test confirmed diagnosis? microscopic 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 Unknown
Where did injury occur? Dent Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Crotches & Small Cuts on foot & leg
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) E A Scott, M. D.
(Address) St James Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH
County: Phelps — Registration District No.: 678
Township: — Primary Registration District No.: 3904
City: St. James (No. Hospital St. Ward)

File No.:
Registered No.:

2. FULL NAME: Clyde Hubert Plank

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	S.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
13	1	16	

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.
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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/22/ 1933 — Mrs. W. H. Houck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:
Small cuts on foot & leg all that could be found! Scratches & bruised back & forehead received crawling from place of
Name of operation:
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) E. A. Scott, M. D.
(Address) St. James, Mo.

AUG 6 1956

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