

NOV 25 1935

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

Do not use this space.

33381

1. PLACE OF DEATH

County Miller Registration District No. 5765
Township Blaine Primary Registration District No. 5761a
City Brunley (No. _____) St. _____ Ward _____

File No. _____

Registered No. 63

2. FULL NAME

Jimmie Earl Plemons
(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1935</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>	If LESS than 1 day, hrs. or min. <u>40 min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
	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) <u>Brunley, Mo.</u>				
FATHER	13. NAME <u>Eugene Edgar Plemons</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunley, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Doxie Mae Jeffries</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunley, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Physician</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hawkins Cemetery</u> DATE <u>Oct. 5, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>None</u>				
20. FILED <u>Nov 1, 1935</u> <u>CR Hawkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Oct 4, 1935I last saw him alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Birth injuries Date of onset 10-4-35
Cranial hemorrhage

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-4, 1935Where did injury occur? Brunley, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cranial compression by force

Nature of injury _____

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

If so, specify _____

(Signed) Myron D Jones D.O.(Address) Brunley, Mo.

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

