

APR 8 1936

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

Do not use this space.

11048

## 1. PLACE OF DEATH

County Jackson  
Township [REDACTED]  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
St. Mary's Hospital

File No. [REDACTED]  
Registered No. [REDACTED]  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Fred B. Plank

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Garden City, Missouri  
(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 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 Rosie Plank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Missouri

13. NAME Christian C. Plank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Lydia Yoder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT E. M. Plank  
(ADDRESS) 3235 Gillham Plaza, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City, Mo. DATE March 31, 1936

19. UNDERTAKER Stine & M Clure  
(ADDRESS) 3235 Gillham Plaza

20. FILED Mar 30, 1936 M. M. Carrow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to March 29, 1936

I last saw him alive on March 29, 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ P. \_\_\_\_\_ m. 12:57

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

Streplococci meningitis  
99b

Other contributory causes of importance:

metastasisName of operation Ward's Date of Mar 29What test confirmed diagnosis? Gram stain 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? No

If so, specify \_\_\_\_\_

(Signed) Joseph M. Howard, M. D.  
(Address) 618 Professional, K. C. 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.

3 to 4:30

Mon 08/00