MAY 25 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

11926

1. PLACE OF DEATH
County Phelps
Township Rolla
City (No. , St. Ward)
Registration District No. 677
Primary Registration District No. 4403
File No.
Registered No. 40

2. FULL NAME Billie Marie 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 Female
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) Jan. 26 1934

7. AGE YEARS 2 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Rolla Mo

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

MOTHER
15. MAIDEN NAME Millie Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

17. INFORMANT (ADDRESS) Clyde Plank Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla DATE March 31 1936

19. UNDERTAKER (ADDRESS) Harry K. McClain Rolla Mo

20. FILED March 31 1936 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24th 1936, to March 30 1936
I last saw her alive on March 29th 1936. Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:
Influenza

Name of operation Date of
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) W. L. Medford D.C. M. D.
(Address) 211 W 8th st Rolla 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.