SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 29981

Township — Primary Registration District No. 1001 — Registered No. 1086

City St.Joseph (No. 1304 So 6th St. St. Ward)

2. FULL NAME Jennie May Plowman

(a) Residence, No. 1304 So.6th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 Elmer Plowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug.14,1864.

7. AGE: YEARS 72 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. life
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) Unknown

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS) Welfare Board Records St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE COO Home DATE Aug 21 16

19. UNDERTAKER (ADDRESS) Fred D. Clark 5025 King Hill St Joseph Mo

20. FILED Aug. 21, 1936 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ Aug. 20, 1936, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Fracture of Hip
Accident

Date of onset

Other contributory causes of importance:

Syphilis

Name of operation None 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 6/1, 1936

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

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

Manner of injury Fall & fractured hip

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Tomst Thomas Coroner

(Signed) ....., M. D.

(Address) 731 Faraon

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.