

SEP 29 1936

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

Do not use this space.

32167

1. PLACE OF DEATH

County St. Francis Registration District No. 1115  
Township Liberty Primary Registration District No. 6021  
City Rural (No. Ferry) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Joseph Plummer  
(a) Residence, No. 40 yrs. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 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) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1864.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 II 21 12.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no date  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY) Is all records show

13. NAME Joseph Plummer

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

15. MAIDEN NAME (Not known)

16. BIRTHPLACE (CITY OR TOWN) (No record)  
(STATE OR COUNTRY)

17. INFORMANT Robert Plummer  
(ADDRESS) Rout. #1 Knoblick Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove DATE 8 14, 36

19. UNDERTAKER Richardson Funeral Home  
(ADDRESS) Farmington Mo.

20. FILED 8/14/36 F. G. A. Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930-1/1 to Aug 11, 1936.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Gall Stones Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Biliary Infection  
after the death  
of 4 or 5 years  
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? no  
If so, specify \_\_\_\_\_  
(Signed) M. B. Barber, M. D.  
(Address) Fredericktown, 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.

