

JAN 19 1937

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

Dr. Bruton
Do not use this space.

44443

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Mo. 1128 Primary Registration District No. 2001
City Springfield Mo. 1128 Division Division St. _____ Ward _____

File No. _____
Registered No. 1071

2. FULL NAME

Thomas Jessie Plaster
(a) Residence, No. 1128 Division Division 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 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 Thomas H. Plaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1857

7. AGE YEARS 79 MONTHS 10 DAYS 19 LESS than 1 day, 6 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as splanner, 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) La. Haggard

13. NAME Thomas Haggard

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

15. MAIDEN NAME Nancy Gideon

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

17. INFORMANT (ADDRESS) Mr. Thomas H. Plaster

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE Dec 27 1936

19. UNDERTAKER (ADDRESS) Oliver Schreyer

20. FILED Dec 27 1936 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Dec 24 1936
I last saw him alive on Dec 24 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral Hemorrhage
apoplexy Date of onset Dec 24/36

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Symptoms 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?
If so, specify _____

(Signed) Dr. Bruton M. D.
(Address) Springfield 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.

