

JAN 19 1936

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

Do not use this space.

45064

5278

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Jean

Primary Registration District No. 1002

City Kennett

(No. KC Gen Hosp)

File No. ....

Registered No. ....

St. .... Ward

2. FULL NAME Plunkett

(a) Residence, No. 807 E. 13th 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 m.

4. COLOR OR RACE w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75

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

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) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) None

18. BURIAL, CREMATION, OR REMOVAL

PLACE Legs Ho DATE 12-31, 1936

19. UNDERTAKER (ADDRESS) Funerary

20. FILED 12-31-1936 M M [Signature]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1936 to 12-15-1936

I last saw him alive on 12-15-1936 Death is said to have occurred on the date stated above, at 9:25 a.m.

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

Pulver Pneumonia Date of onset

Other contributory causes of importance:

Hypertrophied Heart  
Chronic Nephritis

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 .....

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) P. H. De Maria M. D.

(Address) Sup't KC Gen Hosp

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.

