MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. , City Sanitarium St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 8628
Registered No. 2086

2. FULL NAME George Plummer (col)
(a) Residence, No. 3007 a Rutger St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Jane Plummer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Born Dec, 1893

7. AGE: About 43 YEARS; MONTHS: 2; DAYS: ; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Janitor
10. Date deceased last worked at this occupation (month and year): 10, 1936
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis Tennessee 31

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

MOTHER
15. MAIDEN NAME: Emeline Debrow Plummer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 2-22, 1937

19. UNDERTAKER (ADDRESS): WATSON and Son 2769 CHOUTEAU

20. FILED FEB 19 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to 2/14/37, 19
I last saw him alive on 2/14/37, 19 Death is said to have occurred on the date stated above, at 5:25 A.M.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation 1-4-37 — Date of onset

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Other contributory causes of importance:
Syphilis 1-4-37x

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) T C Campbell, M. D.
(Address) 5400 Arsenal St

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.

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