

APR 27 1937

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

Do not use this space.

13261

File No. 683
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 6018B
City Cantwell, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Little Patsie Louise Plummer

(a) Residence, No. Cantwell, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White Occ.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single - chief</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>chief</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9-1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		1
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>chief</u>	
	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) <u>chief</u>	
	11. Total time (years) spent in this occupation <u>chief</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cantwell, Mo.</u>		
FATHER	13. NAME <u>Mr. Clarence Edward Plummer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genois County, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Miss Dora Margorie Pullen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genois County, Mo.</u>	
17. INFORMANT <u>Mr. Clarence Edward Plummer</u> (ADDRESS) <u>Cantwell, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>March 11 Little Vine Cemetery</u> DATE <u>March 11 1937</u>		
19. UNDERTAKER <u>Alvin W. Hood</u> (ADDRESS) <u>Flax Run, Mo.</u>		
20. FILED <u>4-5</u> 1937 <u>E. B. Barrax, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 193722. I HEREBY CERTIFY, That I attended deceased from May 9th, 1937, to May 10th, 1937I last saw her alive on May 10th, 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Premature Birth

Date of onset

Other contributory causes of importance:

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Name of operation _____ Date of _____
What test confirmed diagnosis? exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where 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) J. A. Meahan, M.D. M.D.
(Address) Flax Run, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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