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

Do not use this space.

AUG - 5 1937

Registration District No. 791 File No. 25918
Primary Registration District No. 1003 Registered No. 7092

1. PLACE OF DEATH
County
Township
City St. Louis (No. Missouri Pacific Hosp St. Ward)

2. FULL NAME ELBERT CHARLES PLUMMER
(a) Residence, No. DUPO St., RR Ward. DUPO, ILLINOIS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 20 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: Mamie Plummer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1881

7. AGE: Years 55 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo. Pacific Ry
10. Date deceased last worked at this occupation (month and year): July 1937
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

FATHER
13. NAME: Edwin Plummer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Georgia Lloyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

17. INFORMANT X [signature] (ADDRESS) Dupo, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill. DATE July 26, 1937

19. UNDERTAKER [signature] (ADDRESS) East St. Louis, Ill.

20. FILED JUL 26 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1937 to 7/25, 1937
I last saw him alive on 7/24, 1937. Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC CHOLECYSTITIS	
CHOLELITHIASIS.	
ACUTE HEPATITIS	

Other contributory causes of importance:
ARTERIO SCLEROSIS
CHR. MYOCARDITIS

Name of operation CHOLECYSTECTOMY Date of 7/19/37
What test confirmed diagnosis? Was there an autopsy? YES

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) J. Vandover, M. D.
(Address) MISSOURI PACIFIC 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.