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.

MEC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ozark — Registration District No. 646 — File No. 11669
Township Barnsfork — Primary Registration District No. 5856 — Registered No. 3
City Almartha Mo. No. ..... St. ..... Ward)

2. FULL NAME Loren Dwain Plaster 423
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 -1937
7. AGE YEARS MONTHS 9 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Almartha Mo
FATHER
13. NAME Roy Plaster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava Douglas Mo
MOTHER
15. MAIDEN NAME Vesta McKay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brixey Mo Ozark
17. INFORMANT (ADDRESS) Verna Eshack Almartha Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Souder DATE 2-6 1938
19. UNDERTAKER (ADDRESS) Verna Eshack Almartha Mo
20. FILED Mar. 15 1938 Mrs. Riley Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1938 to Feb. 5 1938
I last saw him alive on Feb. 5 1938 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of the Bronchial Type,	

Other contributory causes of importance: 9 -
Pertussis,

Name of operation None Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19
Where did injury occur? none
(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) P. E. Bushong, M. D.
(Address) Gainesville Mo