REC'D MAY 9 1938

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

Do not use this space.

13446

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City Mo (No. St. Mikes Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 1426

2. FULL NAME: Mrs Maybelle Plummer 1856
(a) Residence, No. Hale 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ralph Plummer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Hale Mo Nov 26 1874
7. AGE: 63 YEARS MONTHS: 4 7 DAYS: 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asfinge
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): Hale Mo 0
FATHER
13. NAME: Athan M Ballew 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Hale Mo 1
MOTHER
15. MAIDEN NAME: Mary Olinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn
17. INFORMANT (ADDRESS): Chas T Ballew
18. BURIAL, CREMATION, OR REMOVAL PLACE: Near Hale Mo DATE: Apl 5 38
19. UNDERTAKER (ADDRESS): Frank Slater Hale Mo
20. FILED: Apr 3 1938 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apl 3 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw her alive on Apr 1st 1938 Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of the liver — Date of onset: 14 mo
12431
Other contributory causes of importance:
Fatal Hemorrhage from oesophageal varices — 3 days
Name of operation: Thalma Date of: Apl
What test confirmed diagnosis? Laparotomy 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?
If so, specify
(Signed) [illegible], M. D.
361 (Address) St Luke's Hospital KC 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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