

MAY 22 1939

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

15428

Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston, Registration District No. 1076  
(b) Township Fairview, Primary Registration District No. 5-680 Registered No. 3-  
(c) City Hale, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Plummer,

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Stewart Plummer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14th, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 4 17

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

12. BIRTHPLACE (CITY OR TOWN) Carroll County  
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Bunningham,  
14. BIRTHPLACE (CITY OR TOWN) Virginia,  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Lott,  
16. BIRTHPLACE (CITY OR TOWN) Virginia,  
(STATE OR COUNTRY)

17. INFORMANT Lloyd Plummer,  
(ADDRESS) Hale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon, DATE 5/2/1939

19. FUNERAL DIRECTOR (NAME) Clifford W. Austin,  
(ADDRESS) Tina, Mo.

20. FILED May 1, 1939 Chas. Ward  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1938 to May 1939  
I last saw her alive on April 25, 1939. Death is said to have occurred on the date stated above, at 9:30 A. m.

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

Atherosclerosis Date of onset (3)

Other contributory causes of importance: 4/1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. P. Hale, M. D.  
(Address) Hale

RECEIVED

District No. 39-436

District File No. 39-436

Date Filed MAY 4 1935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clifford W. Austin

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Clifford W. Austin

Licensed Embalmer No.

3233

P. O. Address

Tuna, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.