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

Do not use this space.

FILED FEB 17 1940

1838

1. PLACE OF DEATH
County: Caldwell,
Township: Davis,
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 93
Primary Registration District No. 5138

File No.
Registered No. 1

2. FULL NAME 456 John A. Plummer,

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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. [redacted] MARRIED, [redacted] (write the word): Married,

5A. IF MARRIED, [redacted] HUSBAND OF: Virgie Plummer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan.-17th.-1880

7. AGE: Years 59 | Months 11 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming,
10. Date deceased last worked at this occupation (month and year): Jan.-8th.-1940
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell County, Missouri, O

FATHER
13. NAME: Thomas Plummer, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coldwater, Ohio. 4

MOTHER
15. MAIDEN NAME: Mary Stewart,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edenburgh, Scotland.

17. INFORMANT (ADDRESS): Mrs. Virgie Plummer Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Braymer Evergreen-Jan.-10th, 39

19. UNDERTAKER (ADDRESS): E. L. Michael Braymer Mo.

20. FILED: Jany 10 1940 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jany 8, 1940 to Jany 8, 1940
I last saw him alive on Jany 8 1940 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
angina pectoris.	not known

Other contributory causes of importance: 94 h

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No
from History of symptoms

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) Henry H. Patterson, M. D.
(Address) Braymer, Mo.

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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.

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

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RECEIVED
District Health Officer No. 11
District File Number 240-123
Date Filed FEB 13 1940

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1940-1-38