

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.

FILE APR 20 1942

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

Do not use this space.

10906

1. PLACE OF DEATH  
County Nickay Registration District No. 3601  
Township Stark Rural Primary Registration District No. 5509  
City Stark (No. 043) St. 0 Ward 0

2. FULL NAME Anna Plummer  
(a) Residence, No. Rural Stark St. 0 Ward 0  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. H. Plummer (deced)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 - 1885</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>	
	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) <u>Ill</u>		
MOTHER	13. NAME <u>Richard L. Morgan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Meriden, Conn.</u>	
	15. MAIDEN NAME <u>Sible Plummer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>John Plummer, Stark, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stark, Mo.</u> DATE <u>3-27-42</u>		
19. UNDERTAKER (ADDRESS) <u>Vaughan-Rieser, Stark, Mo.</u>		
20. FILED <u>Mar 19, 1942</u> <u>May J. Carleton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1942

22. I HEREBY CERTIFY That I attended deceased from Mar 5, 1942 to March 18, 1942  
I last saw her alive on March 13, 1942 Death is said to have occurred on the date stated above, at 9 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis of Heart

Date of onset 3/10

Other contributory causes of importance:  
Senility - 93d

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Examination 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) L. A. Glover, M. D.  
(Address) Yrbona, Mo.

1074

Wheatland

District File Number

Date Filed

4-42-35'8

4-8-42

I hereby certify I embalmed body  
of Anna Plummer by me

JR Luckey 2982

Wheatland, Mo