MAY 25 1927

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

Do not use this space.

10817

1. PLACE OF DEATH
County: Adair
Township: [illegible]
City: Novinger (No. ..... St. ..... Ward)
Registration District No. 2
Primary Registration District No. 4004
File No. .....
Registered No. 9

2. FULL NAME: Thomas Nimmo
(a) Residence. No. Novinger St., Mo. 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. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Separated ~~Divorced~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Carkihan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16 1864

7. AGE: Years 64 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal miner
(b) General nature of industry, business, or establishment in which employed (or employer): Digging coal
(c) Name of employer: K C M C & M Co

9. BIRTHPLACE (CITY OR TOWN): Hamilton
(STATE OR COUNTRY): Scotland

PARENTS
10. NAME OF FATHER: Alexander Nimmo
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Edinburgh
(STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Elizabeth Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Stonehouse
(STATE OR COUNTRY): Scotland

14. INFORMANT: Alexander Nimmo
(Address): Novinger Mo

15. FILED 4/10, 1927 J. S. Gashwiler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1927, to Apr 10, 1927 that I last saw h[illegible] alive on Apr 10, 1927, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - Interstitial
131
75A
129A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): age & dipsomania
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Schooling Gashwiler, M. D
4/10, 1927 (Address) Novinger Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Novinger Cem
DATE OF BURIAL: Apr. 13 1927

20. UNDERTAKER: Llewellyn & Son
ADDRESS: Novinger Mo

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.

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 2 — File No. .....
Township ..... — Primary Registration District No. 4004 — Registered No. 9
City Novinger (No. ..... St. ..... Ward)

2. FULL NAME Thomas Nimmo

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Sep

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16-1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
X 62	10	24	X

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 7/15, 1927. J S Gashwiler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTAL

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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