FEB 20 1928

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

Do not use this space.

318

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph Mo. (No. 2913, Sylvanie St. Ward)

File No.
Registered No. 130

2. FULL NAME Mary Rutenberg Nims
(a) Residence. No. 2913 Sylvanie St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ozias L. Nims

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 31, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	9	28	

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

9. BIRTHPLACE (CITY OR TOWN): New Hampton
(STATE OR COUNTRY): New Jersey

PARENTS
10. NAME OF FATHER: Wm Rutenberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Nancy Worthing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): New Hampton
(STATE OR COUNTRY): New Jersey

14. INFORMANT: G. W. Nims
(Address) 414 Birch Street

15. FILED: JAN 31 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1927, to Jan 29, 1928, that I last saw her alive on Jan 29, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
92A
93C
90A
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Mitral Insufficiency
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gustav A. Lau, M. D
1/30, 1928 (Address) Kirkpatrick Bldg

*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: Mt. Auburn
DATE OF BURIAL: Jan. 31 1928

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1208 Francis

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.