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

Do not use this space. 1140

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: East — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No. St. Luke's Hosp St. Ward)

2. FULL NAME: James Rightmire
(a) Residence. No. St., Ward. Manhattan Kans.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 16, 1863

7. AGE: Years 64 — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Knox Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: L. C. Rightmire
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary A. Wilber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. Nancy Rightmire
(Address): Manhattan, Kans.

15. FILED 1/13, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1927, to Jan 12, 1928 that I last saw h. alive on Jan 12 1928, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
35
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY): Tuberculosis of Left Hip
Many 10-12
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 12-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) Ralph E. Murell, M. D
Jan 13, 1928 (Address) 1807 Fed. Res. Bank

*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: Kansas City Kans — DATE OF BURIAL: Jan 13, 1928
20. UNDERTAKER: D. F. Newcomer — ADDRESS: Kansas City, 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.

4185 Val. St. Luke's Hospit.
10 or 10 30 am Fri.