JAN 23 1929

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

Do not use this space.

File No. 41368

Registered No. 162

1. PLACE OF DEATH
County: Jasper
Township:
City: Webb City, No. ..... St. ..... Ward)
Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Sarah J Rimbey

(a) Residence. No. 100 Webster 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.

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.

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: William Rimbey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 31 1835

7. AGE: Years 93 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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)
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known

14. INFORMANT: L. W. Pate
(Address): Neosho Mo

15. FILED 12/26 1928 R. M. Stewart, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 9 1928

17. I HEREBY CERTIFY, That I attended deceased from July 11 1928 to Dec 9 1928, that I last saw h. alive on Dec 9 1928, and that death occurred, on the date stated above, at 11:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Debility
1 D
11 V (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diaphuitis (Arrhe
Intestine) (duration) yrs. 9 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?

8/12 Ill
L. Endell
(Signed) ....., M. D
12/10 1928 (Address) Webb City 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: Neosho Mo
DATE OF BURIAL: 12/10 1928

20. UNDERTAKER: Bingham's
ADDRESS: Neosho