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

Do not use this space.

10941

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No.
Township Polk — Primary Registration District No. 5827 — Registered No. 29
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Alamo Timmons
(a) Residence. No. County Farm 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.

APR 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND ~~or~~ ~~(or) WIFE of~~ Martha Timmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	4	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labour 237
(b) General nature of industry, business, or establishment in which employed (or employer) Inmate of County
(c) Name of employer Farm

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stark Co. Ill

PARENTS
10. NAME OF FATHER Samuel Timmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ross Co. Ohio
12. MAIDEN NAME OF MOTHER Ann Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ross Co Ohio

14. INFORMANT Frank Cole
(Address) Burlington Jc. Mo

15. FILED 3-16, 1931 C. P. Fryer REGISTRAR
MEC

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to March 4, 1931 that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 9 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis.
131
948 (duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. P. Fryer, M. D
, 19 (Address) Maryville, 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: Quitman Cemetry
DATE OF BURIAL: 3-17 1931

20. UNDERTAKER: Campbell Funeral Home
ADDRESS: Maryville Mo