

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

Do not use this space.

24249

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001

City St. Joseph, (No. 215 North 20th.)

File No. _____
Registered No. 731
St. _____ Ward)

2. FULL NAME Rachael Odill Dinwiddie

(a) Residence, No. 215 North 20th. St. _____ Ward. _____

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>10</u>	<u>10</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi,

FATHER

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co., Tennessee,

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Tennessee,

17. INFORMANT (ADDRESS) Mrs. J. A. Warner 215 South 20th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Tenn DATE July 5, 1931

19. UNDERTAKER (ADDRESS) Healer, Bigale & Bauman 319 S. 10 St. 1111 1/2 11th Street

20. FILED 7-3 1931 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to July 2, 1931

I last saw him alive on July 2, 1931. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

99C 73E

Other contributory causes of importance: Arteriosclerosis

Date of onset March 1931

Name of operation None Date of _____

What test confirmed diagnosis? N/A Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dwaine Morton, M. D.

(Address) St. Joseph Mo

AUG 24 1931

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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