

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

Do not use this space.

25576

1. PLACE OF DEATH

County Livingston

Registration District No. 508

Township

Primary Registration District No. 3026

City Chillicothe (No. _____ St. _____ Ward)

2. FULL NAME Rimple Agatha Watkins

(a) Residence, No. _____ St. _____ Ward.
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 29 29

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at Home

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowea

FATHER 13. NAME J. E. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Anna M. Shepard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) J. E. Watkins
Lowea, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford Iowa DATE 7-21 1931

19. UNDERTAKER (ADDRESS) F. B. Norman
Chillicothe Mo.

20. FILED 7/20 1931 E. Barney Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1931

I HEREBY CERTIFY That I attended deceased from May 27 1931, to July 19 1931. I last saw her alive on July 19 1931. Death is said to have occurred on the date stated above, at 3454. The principal cause of death and related causes of importance were as follows:

Heart decompensation
MI
75692A
57A
Other contributory cause of importance:
mitral Regurgitation
Chronic Arthritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. J. Berryman M. D.
(Address) Chillicothe, 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.

28 MAR 1931

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