

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

Do not use this space.

**30995**

File No. \_\_\_\_\_  
Registered No. **643** St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County St. Louis Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2041  
City St. Louis (No. 822 W. Nichols)

**2. FULL NAME**

(a) Residence, No. 822 W Nichols 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aggie Nimmo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Dallas, Co Missouri</u>		
FATHER	13. NAME <u>DeRay J. Nimmo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Martha Gibson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>The Aggie Nimmo</u> (ADDRESS) <u>822 W Nichols</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Buffalo, Mo.</u>	DATE <u>9/3 1931</u>
19. UNDERTAKER (ADDRESS) <u>Walter D. Dimeyer</u> <u>St. Louis</u>		
20. FILED <u>9-4</u> 19 <u>31</u> <u>John Sharp</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931 to Sept 3 1931  
I last saw him alive on Sept 30 1931. Death is said to have occurred on the date stated above, at 7 P. M.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Sclerosis Date of onset 7-10  
106B  
132B  
162/06B  
Other contributory causes of importance:  
Arteriosclerosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? X (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) W. B. Barlow M.D.  
(Address) 1000 W. Belmont St. St. Louis

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.

OCT 22 1931

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