

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

Do not use this space.

19123

File No. 6ⁿ
Registered No. 0ⁿ
St. _____ Ward _____

1. PLACE OF DEATH
32 County DeKalb Co
Township Adams
City _____ (No. _____)

Registration District No. 263
Primary Registration District No. 6-360

2. FULL NAME Elizabeth Catharine Bradford Wimmill
(a) Residence. No. DeKalb Co St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1932

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

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to June 15, 1932, that I last saw her alive on June 15, 1932, and that death occurred, on the date stated above, at 1 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 18-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 1 27

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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). 235
(c) Name of employer _____

Chronic Bright's Disease - parenchymatous.
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) DeKalb Co 1
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER W. H. Bradford 2

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) White County Texas
(STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. G. Hedrick, M. D.

12. MAIDEN NAME OF MOTHER Caroline Gregg 1

(Address) Weatherly
6/16 1932

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb Co Mo.
(STATE OR COUNTRY) _____

*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.

14. INFORMANT David Wimmill
(Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Christian Chapel DATE OF BURIAL June 16 1932

15. FILED 6/20 1932 J. G. Hedrick REGISTRAR

20. UNDERTAKER Old Moore ADDRESS Camden 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.

MISS 83 1932

