

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

Do not use this space.
26649

1. PLACE OF DEATH

County **Lewis**
Township
City **Lewistown** (No. _____)

Registration District No. **481**
Primary Registration District No. **4290**

File No. **3**
Registered No. **9**
St. _____ Ward _____

2. FULL NAME **Solomon Jarvis Rightmire**

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bettie Smoot Rightmire**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 5, 1836.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
95 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
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) **West Virginia 2**

13. NAME **John Rightmire**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **31**

17. INFORMANT (ADDRESS) **D.B. Rightmire, Lewistown, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Memphis, Mo.** DATE **8/8/32**

19. UNDERTAKER (ADDRESS) **James A. Coder, Lewistown, Mo.**

20. FILED **Aug 6, 1932** **J. C. Brown** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1932, to August 6, 1932**
I last saw him alive on **August 6, 1932**. Death is said to have occurred on the date stated above, at **9:15 a.m.**

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

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Urinal impaction
Cardiac hypertrophy
92A
95B
Other contributory causes of importance:
Arteriosclerosis of limbs and abdominal vessels

Date of onset
August 6, 1932

Name of operation **none** Date of _____
What test confirmed diagnosis? **physical** Was there an autopsy? **Y. O.**

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?
If so, specify _____

(Signed) **R. B. Schofield**, M. D.
(Address) **Lewistown, 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. SEP 24 1932

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