

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

Do not use this space.

**36536**

**1. PLACE OF DEATH**

County Leutan  
Township Neosho  
City..... (No.....) St..... Ward.....

Registration District No. 609  
Primary Registration District No. 5808

File No. 107  
Registered No.....

**2. FULL NAME**

Simon Rimmetsch  
(a) Residence, No. Neosho Rt 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Rimmetsch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 1844</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME Don't know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Fred Rimmetsch Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE German Cemetery DATE 11/29 1932

19. UNDERTAKER (ADDRESS) Beghams Neosho Mo

20. FILED 11/30 1932 C. E. Maules Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7<sup>th</sup> 1929, to Nov 26 1932. I last saw him alive on Nov. 20<sup>th</sup> 1932. Death is said to have occurred on the date stated above, at 9:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Sensitivity and resulting arteriosclerosis.  
131 131  
Other contributory causes of importance:  
Chronic interstitial nephritis  
Date of onset

Name of operation None Date of 5  
What test confirmed diagnosis? None Was there an autopsy? None

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 None  
Nature of injury.....

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

(Signed) Robert Lee Wills, M. D.  
(Address) Neosho Mo.

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.

