

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.

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

Do not use this space.

389032

APR 24 1933

1. PLACE OF DEATH

County Christian
Township Linden
City Rogersville Mo. RR. (No. 110)

Registration District No. 185
Primary Registration District No. 2259

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 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 Josephine Wimmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mo. 1

13. NAME Paul Wimmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

15. MAIDEN NAME Marinda Farmer

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

17. INFORMANT (ADDRESS) Tom Wimmer Rogersville Mo. RR.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden Cemetery DATE Dec 10 1932

19. UNDERTAKER (ADDRESS) P. B. Chaffin East Mo.

20. FILED 4-10 1933 Mrs. L. B. Plemens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Dec 9 1932
I last saw him alive on Dec 7 1932 Death is said to have occurred on the date stated above, at 3:45 p. m.

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

131 Cerebral Hemorrhage
92K
102 131 1
Other contributory causes of importance: High blood pressure from chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? urine Was there an autopsy? no

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. R. Farthing, M. D.
(Address) Wark, Mo.

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