

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

Do not use this space.

6094

1. PLACE OF DEATH

48

County Jackson Registration District No. 400
 Township Spring Primary Registration District No. 3353B
 City Little Blue (No. Jackson Cotton)

File No. _____
 Registered No. 34 St. _____ Ward _____

2. FULL NAME George Dimmons

(a) Residence, No. Belton County Home 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-19-1891</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>book</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1933 to 2-8-1933. I last saw him alive on 2-5-1933. Death is said to have occurred on the date stated above, at 8 P.m. The principal cause of death and related causes of importance were as follows:
Denatured alcohol poisoning
179M / 177
 Other contributory causes of importance: _____

Date of onset
41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT J. W. Hollett (ADDRESS) Jackson Cotton

18. BURIAL, CREMATION, OR REMOVAL PLACE R. P. Blair Sales Bldg DATE 7 19 1933

19. UNDERTAKER Mo Anatomical Board (ADDRESS) 1234 N. Main St. St. Louis, Mo

20. FILED Feb 19 1933 William T. Fields Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 2/8, 1933 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? No If so, specify _____ (Signed) J. N. Greene, M. D. (Address) 1234 N. Main St. St. Louis, 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.

THIS IS A PERMANENT RECORD

