

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

Do not use this space.

20000  
4707

JAN 26 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City N. C. 2nd (No. 2203 Monroe Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jesse Rimbey  
 (a) Residence, No. 2203 Monroe 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.

**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 Ecil Rimbey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 6 1

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

MOTHER  
 13. NAME Benj. T. Rimbey

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

15. MAIDEN NAME Margaret Jackson

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

17. INFORMANT Ecil Rimbey  
 (ADDRESS) 2203 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec - 9 - 33

19. UNDERTAKER Mrs. C. L. Hunter  
 (ADDRESS) 918 Brooklyn av

20. FILED 12-7 1933 M. M. Corbue  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 6 - 1933

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
Deputy Coroner

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:15 am m.

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

Coronary Occlusion  
Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:  
930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy yes

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) [Signature]  
 (Address) [Address]  
 DEP. COR. M. D.

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.

