

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Wayne
City Halls Mo.

Registration District No. 2
Primary Registration District No. 528
(No. Halls Mo.)

File No. 19620
Registered No. 56
Ward

2. FULL NAME Oliver Fimple

(a) Residence, No. Halls Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Fimple				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1889				
7. AGE 45	YEARS 0	MONTHS 14	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) June 1934			
11. Total time (years) spent in this occupation <u> </u>				
12. BIRTHPLACE (CITY OR TOWN) Andrew Co. Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Jess Fimple			
	14. BIRTHPLACE (CITY OR TOWN) Unknown Missouri (STATE OR COUNTRY)			
	15. MAIDEN NAME Rose Matthews			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) Unknown Missouri (STATE OR COUNTRY)			
	17. INFORMANT Charles Fimple (ADDRESS) 3011 North 10 Str St. Joseph, MO.			
18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery PLACE St. Joseph, Mo. DATE June 7, 1934				
19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph Mo.				
20. FILE June 6, 1934 J. B. Bussler Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6, 1934**

22. I HEREBY CERTIFY, That I viewed deceased from **June 6, 1934** to , 1934.
I last saw h alive on , 1934. Death is said to have occurred on the date stated above, at **4:30A m.**
The principal cause of death and related causes of importance were as follows:
Hanging by rope (suicide)
Date of onset

Other contributory causes of importance: **165**
no facts

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **suicide** Date of injury , 1934.
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 **Tomah Thomas Crown**
(Signed) (Address) **731. 1st St.**

