Mel Inv Principle

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

JAN 21 1935

Do not use this space.

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1. PLACE OF DEATH
County: Pike
Township: ~~Spencer~~
City: New London (No. ..., St. ..., Ward)
Registration District No. 726
Primary Registration District No. 4432
File No.
Registered No.

2. FULL NAME: Ida Ellis Rimiller

(a) Residence, No. New London 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Rimiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/15-69

7. AGE: Years 64 | Months 11 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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 Pike Co

FATHER
13. NAME: George Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Pike Co

MOTHER
15. MAIDEN NAME: Virginia Whitaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Pike Co

17. INFORMANT (ADDRESS): Mary King Syracuse N.Y.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Salem Cemetery DATE: 12/11 1934

19. UNDERTAKER (ADDRESS): H M Pilger New London Mo

20. FILED 12/12 1934 Blandine Moegowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Dec 9, 1934
I last saw her alive on Dec 9, 1934. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 7

Other contributory causes of importance:
Diabetic Coma
Angina Pectoris

Name of operation: None 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, 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? No
If so, specify
(Signed) B. F. Murphy, M. D.
(Address) New London 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.