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.

JAN 28 1935

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

Do not use this space.

2198

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No.
Township — Primary Registration District No. 435-8 — Registered No.
City New Madrid (No. , St. Ward)

2. FULL NAME Rebel Imboden

(a) Residence, No. 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: 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: Gertrude Imboden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1863 July 11

7. AGE: YEARS 71 — MONTHS 5 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator of restaurant
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): New Madrid Mo.

FATHER
13. NAME: Matterson Imboden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

MOTHER
15. MAIDEN NAME: Betty Toney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Mo.

17. INFORMANT (ADDRESS): Sallie Imboden Waterloo Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE Jan 5 1935

19. UNDERTAKER (ADDRESS): Richards Wed Co., New Madrid

20. FILED 1/12/ 1935 Wm Bannon V.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Jan 4, 1935
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion
Result of Cardiac Failure
(Myo Cardiostasis)
Myocarditis

Date of onset

Other contributory causes of importance:

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? 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) W. L. Digges, M. D.
(Address) New Madrid