

WHITE 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.

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

Do not use this space.

SEP 25 1936

31483

1. PLACE OF DEATH
 County Laclede Registration District No. 448
 Township Philpburg Primary Registration District No. 6608
 City (No.) (No.) (No.) St. (No.) Ward (No.)

2. FULL NAME Northa Rimmwiddie
 (a) Residence, No. (Usual place of abode) St. Ward.
 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child at home

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) Laclede Co Mo

13. NAME Marian Rimmwiddie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

15. MAIDEN NAME Jessie Kimbrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

17. INFORMANT (ADDRESS) Chris Patchett Philpburg

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1936
Greer's Cemetery

19. UNDERTAKER (ADDRESS) Holman & Blavast Huberman Mo

20. FILED 9-10 1936 Anna Mollman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-9-1936 to 8-15-1936
 I last saw him alive on Aug 13-1936 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:
Enteritis
Enterocolitis (Chronic)
1/19 36
 Other contributory causes of importance:
Unhygienic Environments

Name of operation none Date of operation

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? no
 If so, specify
 (Signed) O. C. Bueage M. D.
 (Address) Conway Mo

