

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

Do not use this space.

SEP 25 1936

31692

1. PLACE OF DEATH

County Miller

Registration District No. 561

Township

Primary Registration District No. 4330

City Eldon (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Aleta Fay Dimirdie

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1936 to Aug 13 1936

I last saw her alive on Aug 13 1936 Death is said to have occurred on the date stated above, at 8 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1930

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 9 3

General peritonitis Date of onset Aug 11, 1936

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

121a  
Other contributory causes of importance:  
Acute suppurated appendicitis

12. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo  
(STATE OR COUNTRY)

Name of operation Appendectomy Date of Aug 11, 1936

13. NAME John Dimirdie

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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

15. MAIDEN NAME Minnie M. Daniel

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

17. INFORMANT John Dimirdie  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
Place Calvary Cemetery DATE Aug 14 1936

19. UNDERTAKER Eldon Funeral Home  
(ADDRESS) Eldon Mo

20. FILED Aug 13 1936 Belle Haynes  
Registrar.

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.

