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.

DEC 18 1936

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

Do not use this space.

40454

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1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 40454
Township — Primary Registration District No. 1001 — Registered No. 434
City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Elliott Rimmer
(a) Residence, No. Carrollton Mo St., Ward. Carrollton Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 11 mos. 8 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) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1885
7. AGE Est 51 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri

FATHER
13. NAME Charles Rimmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan

17. INFORMANT (ADDRESS) State Hospital #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton Mo DATE Nov. 18 36
19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo.
20. FILED Nov 17 1936 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1936, to Nov 17, 1936.
I last saw him alive on Nov 17, 1936 Death is said to have occurred on the date stated above, at 5 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	Indefinite
Other contributory causes of importance:	
Huntington's Chorea	1924 plus

Name of operation None Date of
What test confirmed diagnosis? Clin + Lab 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) E. E. Dr Long, M. D.
(Address) State Hosp #2

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