

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

Do not use this space.

**MAY 31 1937**

17124

1. PLACE OF DEATH  
 County Nodaway Registration District No. 625 File No. 17124  
 Township Palmyra Primary Registration District No. 5-827 Registered No. 37  
 City Maryville (No. ...., St. .... Ward)

2. FULL NAME Robert Murry Latimer  
 (a) Residence, No. .... St. .... Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1917

7. AGE YEARS 20 MONTHS 2 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Wathena (STATE OR COUNTRY) Kas.

13. NAME Kendrick W Latimer

14. BIRTHPLACE (CITY OR TOWN) Maryville, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Grace Lincoln Pickering,

16. BIRTHPLACE (CITY OR TOWN) Pickering, (STATE OR COUNTRY) Mo.

17. INFORMANT Kendrick Latimer (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pickering, Mo. DATE Apr. 8 1937

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED 4-8 1937 Marie E. Clardy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to April 5, 1937  
 I last saw him alive on March 22, 1937 Death is said to have occurred on the date stated above, at 12:05 P. M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Progressive Spino-neural or Degenerative Atrophy with frequent convulsions

Other contributory causes of importance: 8/a  
Congenital Spastic Paralysis

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) W. R. Johnson, M. D.  
 (Address) Maryville, Mo.

Exact statement of OCCUPATION is very important.

2  
1  
1

