

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

Allder
Do not use this space.

1. PLACE OF DEATH

County GREENE

Registration District No. 318

Township

City SPRINGFIELD

Primary Registration District No. 2001

(No. 326 1/2 Summitt Ave.)

File No. 2796

Registered No. 61

St. _____ Ward _____

2. FULL NAME Mary Jane Nimmo 500

(a) Residence, No. 326 1/2 Summitt Ave. 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/48

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<u>90</u>	<u>10</u>	<u>8</u>	

OCCUPATION	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.	<u>retired Housekeeper.</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dallas County, Missouri.

13. NAME Jeff Nimmo.

14. BIRTHPLACE (CITY OR TOWN) Unknown.

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (CITY OR TOWN) Unknown.

17. INFORMANT Wilson B. Choate
 (ADDRESS) 326 1/2 Summitt, Springfield,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem DATE Jan. 20/38

19. UNDERTAKER Herman H. Lohmeyer.
 (ADDRESS) Springfield, Missouri.

20. FILED Jan 20, 1938 Chas. A. George
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/38

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1938 to 1/16, 1938

I last saw her alive on 1/16, 1938 Death is said to have occurred on the date stated above, at 2 P. M.

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

Influenza
Cardiac Asthma
 Date of onset

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? No.
 If so, specify _____
 (Signed) A. E. Allder M. D.
 (Address) Springfield, Mo.

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.

RECEIVED

FEB 24 1938

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