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1939 MAR 20 1939

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

7983
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830

(b) Township Salt River Primary Registration District No. 4503 Registered No. 13

(c) City Shelbina (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frank Dimmitt

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>2</u>	<u>11</u>	

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

9. Industry or business in which work was done, as 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) Beauville (STATE OR COUNTRY) Missouri

13. NAME Philip T. Dimmitt 0

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

15. MAIDEN NAME Caroline Frances Agee

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Frank E. Dimmitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina, Mo. DATE Feb. 15, 1939

19. FUNERAL DIRECTOR (NAME) E. Hayes (ADDRESS) Shelbina, Mo.

20. FILED Feb 15 1939 Ruth Japer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-39, 19...

22. I HEREBY CERTIFY, That I attended deceased from 2-4-39, 19... to 2-13-39, 19... I last saw him alive on 2-12-39, 19... Death is said to have occurred on the date stated above, at 6 a.m.

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

Cerebral Hemorrhage Date of onset _____
Rt. side Paralyzed 2-4-39

Other contributory causes of importance: Hypertension

Name of operation _____ 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) A. M. Hood, M. D. (Address) Shelbina, 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

District Health Officer No. 10

District File Number 10-39-457

Date Filed MAR 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed E. Hays.....

Licensed Embalmer No. 1437.....

P. O. Address Stelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.