

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.

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

CERTIFICATE OF DEATH

2521
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 278
 (b) Township Fayette, Primary Registration District No. 4222
 (c) City Fayette, (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Wilber Dimmitt,
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/6th 1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant.
 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) Indiana, (STATE OR COUNTRY) 1

FATHER 13. NAME William Dimmitt, 1

14. BIRTHPLACE (CITY OR TOWN) Indiana, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Mc Clur Long,

16. BIRTHPLACE (CITY OR TOWN) Indiana, (STATE OR COUNTRY)

17. INFORMANT Mrs Sue Dimmitt, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery. DATE 1/5th 1940

19. FUNERAL DIRECTOR (NAME) Guy T. Halley. (ADDRESS) Fayette, Mo.

20. FILED Feb. 5- 1940 V. Q. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3rd 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1940, to Jan 3rd, 1940
 last saw him alive on Jan 3, 1940. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Myocarditis chronic
Impairment of age
 Other contributory causes of importance:
None

Date of onset Dec 15-37

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?
 If so, specify no
 (Signed) J. G. Richards, M. D.
 (Address) Fayette

RECEIVED
District Health Officer No. 8,
District File Number *1770*
Date Filed

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.