WHITE 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.

APR 25 1934

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

Do not use this space.

8892

1. PLACE OF DEATH

County Jackson — Registration District No. 39 — File No. 1081

Township Kan — Primary Registration District No. — Registered No.

City Kansas City (No. Nettleton Home St. Ward)

2. FULL NAME Miss Mary A. Dimmitt

(a) Residence, No. Nettleton Home 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-3-1852

7. AGE: YEARS 81 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Liberty Missouri

FATHER

13. NAME: St. Clair Dimmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batavia Ohio

MOTHER

15. MAIDEN NAME: Selina Krieger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Nettleton Home Records. 518 Swope Parkway Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elwood Cemetery DATE: 3/10, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure Und. Co. 3235 Gillham Plaza Kansas City, Mo.

20. FILED: Mch 8, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 — 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to March 9, 1934

I last saw her alive on March 9, 1934. Death is said to have occurred on the date stated above, at 1:40 P.m.

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

Lobar Pneumonia — Date of onset: Mar 2

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Other contributory causes of importance: —

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Name of operation — Date of

What test confirmed diagnosis? — 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

(Signed) John G. Lapp, M. D.

(Address) 1314 Professional Bldg