

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

Do not use this space.

OCT 22 1937

34263

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township

Primary Registration District No. 2001

Registered No.

City Springfield

(No. Clark Otis Parker Hospital)

Ward 945

2. FULL NAME

(a) Residence, No. Ossie Veretta Dimmit St. Marion Ward. Marionfield Mo

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 91 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Sept 24-37 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionfield Mo

13. NAME Leo Blumst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetake Co

15. MAIDEN NAME Elizabeth Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County

17. INFORMANT Shae Wood (ADDRESS) James City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionfield Co DATE Oct 1, 1937

19. UNDERTAKER Ray Spang (ADDRESS) 312 West 11th St

20. FILED Sept 29 1937 Registrar Chas. George

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1937

22. I HEREBY CERTIFY That I attended deceased from Sept. 28 1937 to Sept. 29 1937  
I last saw her alive on Sept 29 1937 Death is said to have occurred on the date stated above, at 8:05 a.m.  
The principal cause of death and related causes of importance were as follows:

General peritonitis Date of onset

Other contributory causes of importance:  
Perforated duodenum  
not malignant

Name of operation Abdominal Date of Sept 28, 1937  
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? ?  
If so, specify.  
(Signed) William B. Smith M. D.  
(Address) Springfield Mo

