REC'D FEB 28 1939

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

4064
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby
(b) Township Black Creek
(c) City Shelbyville
Registration District No. 831
Primary Registration District No. 4504
Registered No.
(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.
530

2. PRINT FULL NAME Walter A. Dimmitt
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Dimmitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22-1850
7. AGE: Years 88 | Months 2 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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) (STATE OR COUNTRY): Monticello Mo.

FATHER
13. NAME: Dr. Phil Dimmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Frances Agee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): W. T. Dimmitt Shelbyville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE Jan 24 1939
19. FUNERAL DIRECTOR (ADDRESS): E. P. Thompson Shelbyville Mo.
20. FILED Jan 24 1939 Lear Gore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 22 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1938, to Jan 22 1939.
I last saw him alive on Jan 22 1939. Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis ~~and~~	
~~gangrene of foot~~	
97	
Other contributory causes of importance:	
Gangrene of foot and lower leg	1-18-39

Name of operation: None Date of
What test confirmed diagnosis? None 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) P. C. Analer, M. D.
(Address) Shelbyville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 10-39-213
Date Filed FEB 14 1939

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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