

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JUN 20 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42597

Registration District No. H

Primary Registration District No. 3001

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
805 S. First St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community four years

3. (a) PRINTED FULL NAME Thomas Nimmo

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 14 1899  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Allanton Rows, Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Mining

MOTHER FATHER

12. Name Thomas Nimmo

13. Birthplace Allenton, Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Carniahn

15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Elmore

(b) Address 705 S 1st, City

17. (a) Burial (b) Date thereof 12--17--39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirkville, Missouri

19. (a) 1-5-40 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")

(d) Street No. 805 S. First St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 35 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1939 hour 6 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Aug, 1936, to Dec 15, 1939;  
and that death occurred on the date and hour stated above.

that I last saw him alive on Dec 12, 1939

Immediate cause of death nefarthria (acute)

Duration 3 weeks

Due to mine accident  
Sep 1934

Due to Fall of coal - broken  
spinal vertebra

Other conditions Involvement since hurt  
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) mine accident

(b) Date of occurrence Sep 1934

(c) Where did injury occur? Elmore Coal Co Elmore  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In coal mine

While at work? yes (Specify type of place) (e) Means of injury fall of coal

23. Signature J. S. Gashwiler (M. D. or other)  
Address Novinger Mo Date signed 1/3/40

RECEIVED

District Health Officer No. 10

District File Number 1-40-84

Date Filed JAN 8 1940

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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 Harold A. Magill

Licensed Embalmer No. 4074

P. O. Address Kirksville,

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.