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

43221
Do not use this space.

1. PLACE OF DEATH
(a) County: Daviess — Registration District No.: 249
(b) Township or (c) City: Coffey — Primary Registration District No.: 4149 — 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.

2. PRINT FULL NAME: Thomas William Timmons
(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*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alessia Timmons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9 - 1851
7. AGE — YEARS: 88 — MONTHS: 2 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired Farmer
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): Va.

FATHER
13. NAME: Richard Timmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mrs Fred Holcomb, Coffey, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Coffey — DATE: Dec 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): G. L. Gromer, Pattonsburg, Mo.
20. FILED: Dec 20, 1939 — Mrs. A. A. Cunningham, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Dec 18, 1939. I last saw him alive on 12/18, 1939. Death is said to have occurred on the date stated above, at 2.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1925
Other contributory causes of importance:	

Name of operation ..... Date of .....
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? No
If so, specify
(Signed) R. Baumgardner, M. D.
(Address) Coffey, 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.

Registrar

District Health Officer No. 11

District File Number 140 - 1845

Date Filed JAN 10 1940

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 Les L. Gromer

Licensed Embalmer No. 3022

P. O. Address Pattonsburg M

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

If this body is not embalmed, above space should be left blank.