

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

PLACE OF DEATH

County Jackson

Township Trout

Village _____

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(NO. 2323 College Ave.)

File No. 38858

Registered No. 3713

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Francis Joseph Kim

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
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DATE OF DEATH Dec. 10, 1914
(Month) (Day) (Year)

DATE OF BIRTH May 12, 1822
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1, 1914, to Dec 10, 1914, that I last saw him alive on Nov 1, 1914, and that death occurred, on the date stated above, at 9 A.M.

AGE 92 yrs. 6 mos. 28 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
General debility (arterio sclerosis)

OCCUPATION (a) Trade, profession, or particular kind of work Shoe-maker, (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Contributory Security
(Duration) 16 1/2 yrs. 10 mos. 9 ds.

BIRTHPLACE (City or town, State or foreign country) Switzerland

NAME OF FATHER Unknown Kim

BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland

(Signed) J. E. Ruff M. D.
12-10-1914 (Address) 18th & Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Kim
(ADDRESS) 2323 College Ave

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 3 yrs. ___ mos. ___ ds. In the State 46 yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? Residence

Former or usual residence 2323 College Ave.

DEC 10 1914

Filed _____ 191____ M. S. Wheeler
REGISTRAR

PLACE OF BURIAL OR REMOVAL Maryville Missouri

DATE OF BURIAL Dec. 11, 1914
UNDERTAKER W. H. Cummings' Sons ADDRESS 2111 E. 9th St.

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.

