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

1778

1. PLACE OF DEATH
County: Pemiscot Registration District No.: 65-3 File No.:
Township: Concord Primary Registration District No.: 5865 Registered No.: 7
City: (No.: , St.: Ward)

2. FULL NAME: John Arvel Kimberley
(a) Residence. No.: St., Ward.
(Usual place of abode) (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 30, 1899
7. AGE: Years 26, Months, Days 28, If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hayti, Mo.

PARENTS
10. NAME OF FATHER: Henry Kimberley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wardell, Mo.
12. MAIDEN NAME OF MOTHER: Annie Alexander
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hayti, Mo.

14. INFORMANT: E. H. Davis
(Address) 502 E 1st St Kennett Mo.

15. FILED 1/27/1925 J. W. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26, 1925
17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1923 to Jan. 26, 1925 that I last saw him alive on Jan. 20, 1925, and that death occurred, on the date stated above, at 2 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Corea
81
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Multiple Neuritis
(duration) yrs. 2 mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Johnson, M. D
1/27/1925 (Address) Hayti, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ingram Cemetery
DATE OF BURIAL: Jan 28, 1925
20. UNDERTAKER: G. W. Dorris
ADDRESS: Hayti, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK