

N. E.—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.

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

Do not use this space.

26998

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

71

4. COLOR OR RACE

wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 31 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

5

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

home

(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)

Jackson Co. Ill

10. NAME OF FATHER

Abraham Kimball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Penna

12. MAIDEN NAME OF MOTHER

Rosetta Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Penna

14.

INFORMANT (Address)

Mr. Evans Springfield, Mo

15.

FILED

9/30 27

Oct Horst

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

9/28 1927

17.

I HEREBY CERTIFY. That I attended deceased from 9/22 1927 to 9/28 1927 that I last saw him alive on 9/28 1927, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

1180

CONTRIBUTORY (SECONDARY)

Gastritis

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19

(Address)

SPRINGFIELD, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Brick Church Cemetery

Oct 2 1927

20. UNDERTAKER

ADDRESS

Alma Schmeier

534 St Louis

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