

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

Do not use this space.

30367

1. PLACE OF DEATH

County... Jackson Registration District No. 399
Township... Kaw Primary Registration District No. 1002
City... Kansas City (No. 3144 Summit)

File No.
Registered No. 3011
St. Ward)

2. FULL NAME Mrs. Mattie Kimball (Kimball)

(a) Residence. No. 3144 Summit St. 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 68

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dressmaker--Retired
(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) Wisconsin

10. NAME OF FATHER Joseph Murray

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

12. MAIDEN NAME OF MOTHER Bridget Dunn

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

14. INFORMANT John G. Murray
(Address) 3144 Summit

15. FILED 10/13 27 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 12 1927

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1927, to Oct 12, 1927, that I last saw h. in alive on Oct 12, 1927, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
92H Just before
93C
chronic (duration) 6 or more yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Scott Maxwell M. D.
Oct 13 1927 (Address) 400 Kings Rd

*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

St. Mary's Cemetery 10/14/27¹⁹

20. UNDERTAKER ADDRESS
Quirk & Tobin Co.--20 West Linwood

X. 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.

RECORD

