

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.

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

Do not use this space.

33873

PLACE OF DEATH

County Jasper

Township Joplin Mo

City Joplin Mo (No. 411)

Registration District No. 411

Primary Registration District No. 2002

File No. 537

Registered No. 537

St. Ward

2. FULL NAME

(a) Residence. No. 2101 Concord St., Ward.

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

Male

4. COLOR OR RACE

W.

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

Widowed

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

Mary G. McKimsey

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

Mar. 24-1834

7. AGE

YEARS 73 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

14.

INFORMANT

(Address)

15.

FILED

11/15, 1927

Miss Essie L. McKimsey
 2101 Concord

Dr. A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 13 1927

I HEREBY CERTIFY That I attended deceased from Jan. 10 , 19 27 , to Nov. 13 , 19 27 .
that I last saw him alive on Nov. 13 , 19 27 , and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
 13 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

12 (duration) yrs. mos. da.

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) M. Benson Clark , M. D.
 11/15, 1927 (Address) Joplin 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

Fairview

11/15 1927

20. UNDERTAKER

ADDRESS

Frank Lewis

Joplin Mo

