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

Do not use this space.

36022

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph, (No. Mercy Hospital St. Ward)
Registration District No.: 85 1001
Primary Registration District No.:
File No.:
Registered No.: 1362

2. FULL NAME: Katherine Mae Kimmi
(a) Residence. No. St., Ward. Denton, Ks.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb, 6, 1927

7. AGE: Years 0 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): St. Joseph, Mo.

PARENTS
10. NAME OF FATHER: Grant Kimmi
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Denton, Kansas
12. MAIDEN NAME OF MOTHER: Lillie Kammer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Atchison, Kansas

14. INFORMANT: Grant Kimmi
(Address): Denton, Ks.

15. FILED: DEC 12 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 10, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from 12-10-, 1927, to 12-10-, 1927 that I last saw her alive on 12-10-, 1927, and that death occurred, on the date stated above, at 11.43 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupous Pneumonia
10 X
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Denton, Kansas.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O G Weed DO, M.D.
12/10/, 1927 (Address) 408 Corby Bldg.

*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: Denton, Kansas
DATE OF BURIAL: Dec, 13, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon 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.

Jan 17 1928

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD