

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

Do not use this space.

36040

1. PLACE OF DEATH

County, Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, Mo.

(No. Eighth and Felis)

File No.

Registered No. 1980

St.

Ward)

2. FULL NAME

(a) Residence. No. 1621 Messanie St.,

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 da.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Ettie C. Kimball

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

July 3, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

70

5

11

8. OCCUPATION OF DECEASED

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

Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Springfield

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Nathan Kimball

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Vermont

12. MAIDEN NAME OF MOTHER

Sarah Stagg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Vermont

PARENTS

14. INFORMANT

Mrs. E. C. Kimball

(Address)

1621 Messanie

15. FILED

DEC 16 1927

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

December 14, 1927

17.

I HEREBY CERTIFY That deceased deceased from on

Dec 14, 1927, to, 19.....

(that I last saw h..... alive on....., 19....., and that

death occurred, on the date stated above, at..... 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... none

WHAT TEST CONFIRMED DIAGNOSIS

new & history of Circumstances

(Signed) J. G. Means Coroner, M. D.

12/16, 1927 (Address) St. Joseph 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

Memorial Park

DATE OF BURIAL

Dec. 16, 1927

20. UNDERTAKER

Fleeman Funeral Home 1208 Francis

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.

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