

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

Do not use this space.

37118

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kansas

Primary Registration District No. 1002

City Kansas City, Mo.

(No. 116 North Lounsdale)

File No.

Registered No. 49-3

St. Ward)

2. FULL NAME

Isaac B. Kimbrell

(a) Residence. No. 116 North Lounsdale Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds.

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

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

Lillian Kimbrell

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

Sept 8-1868

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. min.

65

3

20

8. OCCUPATION OF DECEASED

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

attorney

(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)

Ky

10. NAME OF FATHER

Dayton Kimbrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Kate Grefboth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT

(Address)

Mrs Lillian Kimbrell
116 North Lounsdale

15.

FILED

1927

M. M. Crowe

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 1925 to Aug 28 1927 that I last saw him alive on Dec 25 1927, and that death occurred, on the date stated above, at 2:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Schlerosis

22 A

1927

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Acute Myocard

(duration) yrs. 6 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) R. L. St. Clair, M. D.

12/29, 1927 (Address) 5242 St John

*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 Washington Bur Dec 30 1927

20. UNDERTAKER

ADDRESS

John W Wagner 1409 Grand Ave

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.

Benton 0141 office

0423

2 to 5