

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

Do not use this space.

32914

1. PLACE OF DEATH

County Callaway,
Township Fulton,
City.....

Registration District No. 104
Primary Registration District No. 5153

File No.....
Registered No. 194
St. Ward)

(No.) Mrs, Aalice Kimbell McLaeen,

2. FULL NAME

(a) Residence. No. St. 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) Marred,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 25th 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	25	1	25	

8. OCCUPATION OF DECEASED House Wife

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Do,
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO,
(STATE OR COUNTRY)

10. NAME OF FATHER W, N, Kimbell,

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

12. MAIDEN NAME OF MOTHER Mary Curtis,

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

14. INFORMANT Marion Kimbell,
(Address) Fulton, Mo,

15. FILED 22 1928 R. N. Crew
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20/1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1928, to Oct 20, 1928 that I last saw her alive on 10/20, 1928, and that death occurred, on the date stated above, About 7,45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis
148 (duration) yrs. 2 mos. ds.
CONTRIBUTORY Vomiting of Pregnancy,
(SECONDARY) (duration) yrs. 2 1/2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Christian, M. D.
, 19 (Address) Fulton 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 Richland Christian Church DATE OF BURIAL 10/22/28
19

20. UNDERTAKER Merndon-Taylor Furn-Co ADDRESS Fulton, Mo,

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.

