DEC 26 1928

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

Do not use this space.

36181

File No. ____
Registered No. 1354

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: ____ — Primary Registration District No. 1001
City: St. Joseph, (No. 2720 Mulberry, St. ____ Ward)

2. FULL NAME John T. Kimberlin,
(a) Residence. No. 2720 Mulberry, 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. 3 mos. ____ ds. How long in U.S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcia Kimberlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	70	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: Self,

9. BIRTHPLACE (CITY OR TOWN) DeKalb County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER William Kimberlin,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Castle
(STATE OR COUNTRY) Virginia,
12. MAIDEN NAME OF MOTHER Martha Cook,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. J. T. Kimberlin
(Address) 2720 Mulberry St.

15. FILED Nov 30, 1928 — John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28. 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 28, 1928, that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
G.H.S.
(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) ____
(duration) ____ yrs. ____ 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? Signs & Symptoms
(Signed) Clarence A. Leal, M.D.
Nov 29, 1928 (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: St. Joseph Memorial Park C — DATE OF BURIAL: Nov. 30, 1928

20. UNDERTAKER: Heaton Belcher & Bowman by H. H. Earle — ADDRESS: 319 S. 10 St. Funeral Home

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.