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

Do not use this space. 36149

1. PLACE OF DEATH
County Wayne — Registration District No. 891 — File No.
Township ~~Clinton~~ — Primary Registration District No. 4540 — Registered No.
City Piedmont (No. ..... St. 11 Ward)

2. FULL NAME James Trustin Kimes
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/7/1857

7. AGE: Years 72 — Months 8 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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) Piedmont, Mo.

PARENTS
10. NAME OF FATHER David Kimes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.
12. MAIDEN NAME OF MOTHER Sally Macatire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Elmer Kimes
(Address) Piedmont, Mo.

15. FILED 10/18, 1929 T. C. Piles M.D. REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1929, to Oct 18, 1929 that I last saw him alive on Oct 17, 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis
46B
131
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of Pyloric End of the Stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) T. C. Piles M. D.
, 19 (Address) Piedmont, 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: English Cem Patterson, Mo. — DATE OF BURIAL: 10/18 1929

20. UNDERTAKER: Loyd S. Morgan — ADDRESS: Piedmont, 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.