

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

Do not use this space.

21/48
~~21/48~~

1. PLACE OF DEATH

County Monroe
Township Glitchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 4540

File No.
Registered No. 15
St. Ward)

2. FULL NAME

Celestia Ann Kimberling

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neut Kimberling
6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 16, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
79 5 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lived with Son

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

Grant, Mo
Mo

PARENTS

10. NAME OF FATHER William Sanford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Grant, Mo
12. MAIDEN NAME OF MOTHER Elizabeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Grant, Mo
Illinois

14. INFORMANT Cora L. Kimberling
(Address) Grant City, Mo

15. FILED 6/29/30 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-27 1930

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929 to June 27, 1930
that I last saw him alive on May 30, 1930 and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio Sclerosis
& Chronic Nephritis

18. (duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Smoking
(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 Chemical

(Signed) J. H. Hays M. D.

June 29, 1930 (Address) Grant City, 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 DATE OF BURIAL

Grant City Cemetery 6/29 1930

20. UNDERTAKER ADDRESS

Arch C. Dumble Grant City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

