

NOV 26 1930

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

Do not use this space.

33815

1. PLACE OF DEATH

County Polk  
Township Johnson  
City Humanville 4424

Registration District No. 70.3  
Primary Registration District No. 59.32

File No. 1  
Registered No. 89  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Marcus Lafayette Kimes  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

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) Jan 4 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER John Kimes

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

12. MAIDEN NAME OF MOTHER Margaret Meild

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

14. INFORMANT Travis Kimes  
(Address) Humanville Mo

15. FILED Oct 17 1930 J. L. Mabry  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 10:30 to 11:30 that I last saw him alive on Oct 14 1930 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

arteriosclerosis  
9.5  
97 (duration) 5 yrs. mos. ds.  
CONTRIBUTORY Cardio Renal  
(SECONDARY) (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 7010  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) R. O. Myers, M. D.

Oct 16 1930 (Address) Humanville 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 City Cemetery DATE OF BURIAL Oct 19 1930

20. UNDERTAKER R. A. Joseph ADDRESS 3149

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.

