

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

Do not use this space.

39688

399

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City Mo (No. 1707 East 35th St)

Registration District No. 1002
Primary Registration District No. 1002

File No. 5283
Registered No. 5283
St. _____ Ward)

2. FULL NAME

Francis F Gimpler
(a) Residence. No. 1707 East 35th St., _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 5 1/2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Kansas City
(b) General nature of industry, business, or establishment in which employed (or employer). Gas - Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Frank H Gimpler

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

12. MAIDEN NAME OF MOTHER Mary Breslich

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

14. INFORMANT Herman G Gimpler
(Address) 1707 East 35th St

15. FILED 1/31/30 M. M. Carrow REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1930

I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to Dec 31, 1930 that I last saw him alive on 12-31, 1930 and that death occurred, on the date stated above, at 10 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-vascular - renal disease - immediate cause cardiac dilation
(duration) 30 1/4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardio-vascular, renal disease with myocardial dilation
(duration) 30 1/4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory
(Signed) Shaw, Myers, M. D.

*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.
1-2-1931 (Address) 814 Argyle Bldg.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL Jan 3 1931

20. UNDERTAKER John W Wagner ADDRESS Linwood, Mo

WRITE PRINTED WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Original

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