

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

Do not use this space.

15682

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME J. M. Kimlin
 (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 Laura Kimlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Jan. 1932
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Illinois

FATHER
 13. NAME John Kimlin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Laura Kimlin Boonville Mo Walnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE May 19th 1932

19. UNDERTAKER (ADDRESS) Schwartzky Warnhoff Boonville Mo

20. FILED May 19 1932 Gov. Russell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to May 17 - 1932
 I last saw him alive on May 16 - 1932 Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy about May 31 Date of onset
930
800
 Other contributory causes of importance:
Myocarditis (1) (?)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cliv Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. H. Kimlin M. D.
 (Address) Boonville, 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.

JUN 21 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11/11/20

11/11/20