WRITE PLAINLY, 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.

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

Do not use this space.

16058

File No.

Registered No. 1849

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 214 West Armour Blvd. St. Ward)

2. FULL NAME Mrs. Marie A. McKim

(a) Residence, No. 214 West Armour Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. McKim

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th. 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER

13. NAME David T. Kimmell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Katherine Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Joseph D. McKim
(ADDRESS) 214 West Armour Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cemetery DATE 5/6/32 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED May 5 1932 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to May 4, 32 19

I last saw her alive on 5/4/32 19 Death is said to have occurred on the date stated above, at 2.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stone in common bile duct	3/21/32
126	
Other contributory causes of importance: General hepatitis	4/15/32

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Joseph L. White, M. D.

(Address) 925 Argyle

[illegible]

Vc 1105

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