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

399

Do not use this space.

22832

File No.

Registered No. 27052

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1005

Township: Kaw — Primary Registration District No.:

City: Kansas City Mo (No. 3005, Elmwood St., Ward)

2. FULL NAME Mrs Amanda Elizabeth Kimberlin

(a) Residence, No. 3005 Elmwood St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Charles Kimberlin (deceased) Dayton Mo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	10	21	

OCCUPATION

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

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 3-3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Mo

FATHER

13. NAME George Pullian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER

15. MAIDEN NAME Mary Mathis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky

17. INFORMANT Estill Long (ADDRESS) K C Mo, 36 29 Brooklyn

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dayton Mo DATE July 14 1932

19. UNDERTAKER Kauffman (ADDRESS) Harden at Mo

20. FILED 7/13/1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1930 to July 12 1932

I last saw her alive on July 12 1932. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Arteriosclerosis	Jan 1 1925
9 B 11	
11 1	
Other contributory causes of importance:	
Mitral Insufficiency	Apr 5 1930

Name of operation None Date of

What test confirmed diagnosis? Clinical findings 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 ....., 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) B S Dodd, M. D.

(Address) Kansas City Mo 4th & Harden