

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

Do not use this space.

27160

**1. PLACE OF DEATH**

94 County St. Francois Registration District No. 773  
 Township Pendleton Primary Registration District No. 6023  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Klob</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>/</u>	
	10. Date deceased last worked at this occupation (month and year) <u>/</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baldwin, Mo</u>		
FATHER	13. NAME <u>Henry Kimmensel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Mary Holley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>John Klob Farmington, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>R of P. Taylor Mo</u> DATE <u>8/7 32</u>		
19. UNDERTAKER (ADDRESS) <u>Needert used Co Farmington Mo</u>		
20. FILED <u>Aug 6 1932</u> <u>B. J. Robinson</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Aug 5, 1932  
 I last saw her alive on Aug 3, 1932 Death is said to have occurred on the date stated above, at 11:10 am.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset  
Uremia  
General Arterial Sclerosis  
 Other contributory causes of importance:  
131 / 51 0  
 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? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. P. Berry M. D.  
 (Address) Farmington 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.

SEP 26 1932

