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

Do not use this space. 38962

1. PLACE OF DEATH
25 County Clinton. Registration District No. 206 File No.
3 Township Primary Registration District No. 4124 Registered No. 23
2 City Lathrop. (No. , St. Ward)

2. FULL NAME John Thomas Kimsey.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs. Joella Kimsey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11. 1852.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	11	10.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physicion.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. D.
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) Platt County. Mo.

FATHER
13. NAME Wade H. Kimsey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Elizabeth Baber.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 2

17. INFORMANT (ADDRESS) E. L. Kimsey Lathrop, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cremation. K. C. Mo. DATE Dec. 21. 1932

19. UNDERTAKER (ADDRESS) DeMoss Crunk. Lathrop, Mo.

20. FILED Dec. 21, 1932 DeMoss Crunk Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Dec. 21, 1932
I last saw him alive on Dec. 21, 1932. Death is said to have occurred on the date stated above, at 2.00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	12-15-32

Other contributory causes of importance:
Prostatitis & Cystitis.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) E B Dunkeson, M. D.
(Address) Lathrop. Missouri.

MARGIN RESERVED FOR BINDING

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.

VS. No. 2.