

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

Do not use this space.

40050

1. PLACE OF DEATH

County Jackson
Township Law
City K. C. Mo. (No. 3219 Highland Ave.)

Registration District No.

File No.

Primary Registration District No.

Registered No. 5058

St. Ward

2. FULL NAME

(a) Residence, No. 4345 Mich. St. 15 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Mary E. Timms</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 3 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>
	DAYS <u>24</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>Contractor</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 27 - 1932

I HEREBY CERTIFY, That I attended deceased from Dec 27 1932, to Dec 28 1932

I last saw him alive on Dec 28 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:

Pneumonia Labor Date of onset

109

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) H. C. W. P. H., M. D.

(Address) 710 Park Blvd

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u> <u>18</u>
	13. NAME <u>J. H. Timms</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>
	15. MAIDEN NAME <u>no Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>
	17. INFORMANT (ADDRESS) <u>Mary E. Timms</u> <u>4345 Michigan</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>12/31/32</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. E. L. Foster</u> <u>918 Brooklyn Ave</u>
	20. FILED <u>12/29/32</u> <u>M. M. Corone</u> Registrar.

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.

WHILE THE STATE BOARD OF HEALTH HAS THE HONOR OF THIS IS A PERMANENT RECORD

113 Ward K.C. Mo.

12-11-54
7:30
12-4