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.

5906

860

1. PLACE OF DEATH

48 County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

10 City Kansas City (No. 4614 East 6th St. Ward)

9 2. FULL NAME Hamilton B. Stimmell

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

Length of residence in city or town where death occurred yrs. 1 mos. 15 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida B. Stimmell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1854

7. AGE: 78 YEARS — MONTHS: 8 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinetmaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

FATHER

13. NAME Isaac Stimmell

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER

15. MAIDEN NAME Ann Bartlow

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mrs C. L. Faulkner 4614 East 6th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield Mo. DATE Feb 22, 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 2-21, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Feb 21, 1933

I last saw him alive on Feb 16, 1933. Death is said to have occurred on the date stated above, at 12:25 P.M.

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

	Date of onset
Mitral insufficiency	1932
928 97 [illegible]	
Other contributory causes of importance:	
Arterio Schlerosis	1931

Name of operation None Date of

What test confirmed diagnosis? observation Was there an autopsy? No

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

Accident, suicide, or homicide? not 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) R. Callaghan M. D.

(Address) 6900 Washington Park Blvd Kansas City Mo

Dr Callaghan