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.

MAY 22 1933

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

Do not use this space.

8904

1. PLACE OF DEATH
24 County Clay
5 Township
4 City Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 3012

File No.
Registered No. 34

2. FULL NAME Pauline Thomas Kimberlin

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1933

7. AGE YEARS — MONTHS — DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Thomas Kimberlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Pauline Bingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.

17. INFORMANT (ADDRESS) Pauline Kimberlin Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 3/14/33 19

19. UNDERTAKER (ADDRESS) Church Archer Liberty Mo

20. FILED 4/10/33 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 9th, 1933, to Mch 14, 1933
I last saw her alive on Mch. 13, 1933 Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzae and Injury	
Suspected swing Bottle	
160B	
11B	

Other contributory causes of importance:

160B

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? .....
If so, specify .....
(Signed) H. L. Wysong, M. D.
(Address) Liberty Mo