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.

JAN 8 1934

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

Do not use this space.

35596

1. PLACE OF DEATH

County Bany — Registration District No. 34 — File No.

Township Liberty — Primary Registration District No. 5050 — Registered No. 174

City (No. , St. Ward)

2. FULL NAME Lilly Marie Kimbrough

(a) Residence, No. Reddy R. R. 4 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. mos. 7 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jay Kimbrough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 20 1912

7. AGE: YEARS 21 — MONTHS 7 — DAYS 18. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Bany Co. Mo.

FATHER

13. NAME: Edgar Breathing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bany Mo.

MOTHER

15. MAIDEN NAME: Lena Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bany Co Mo.

17. INFORMANT (ADDRESS): Dennah Burton Kindy Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concord DATE: Nov. 9 1933

19. UNDERTAKER (ADDRESS): Bella Funeral Home Wheaton Mo.

20. FILED: Nov. 9 1933 Mrs. H. P. Searcy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1933, to Nov. 8, 1933

I last saw her alive on Nov. 7, 1933. Death is said to have occurred on the date stated above, at 2:10 P. m.

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

Tuberculosis - Pulmonary — Date of onset

23A

Other contributory causes of importance: Unprovoked Pre Disp

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) O. S. Overhall, M. D.

(Address) P... Mo.