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

Do not use this space.

9166

File No. 1364

Registered No.

APR 25 1934

1. PLACE OF DEATH

County: Jackson — Registration District No.: 391

Township: [illegible] — Primary Registration District No.: 1027

City: Kansas City (No. St. Mary's Hosp. St. Ward)

2. FULL NAME Robert Raymond Timm

(a) Residence, No. 1000 Myrtle 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th, 1931

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2	9	10	

OCCUPATION

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

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) Kansas City
(STATE OR COUNTRY) Missouri

FATHER

13. NAME R. R. Timm

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

17. INFORMANT R. R. Timm
(ADDRESS) 1000 Myrtle

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE 3/27/34 19

19. UNDERTAKER [illegible]
(ADDRESS) City

20. FILED 3-26 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/34

22. I HEREBY CERTIFY, that I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at ...m.

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

Volvulus of small intestine
Intestinal obstruction

Date of onset

Other contributory causes of importance:

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) ... M. D.
(Address)

Deceased
Child
Male
Child
Calgary
yes

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.