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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 6018A
Near City Farmington, Mo. (No. ..... St. ..... Ward)

File No. 10206
Registered No. 50

2. FULL NAME Sarah Kimmell

(a) Residence, No. ..... 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. 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE — YEARS: About 59 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Crawford County Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT: Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bourbon Mo DATE ? 19..

19. UNDERTAKER: Long Undertaking Co.
(ADDRESS) Bourbon, Mo.

20. FILED Mar 16, 1934 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17-, 1933, to 3-12-, 1934
I last saw her alive on Mar. 12, 1934. Death is said to have occurred on the date stated above, at 11: P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	?
Other contributory causes of importance:	
Dermatitis Exfaliativa	2-24-34
Phlebitis of Papliteal & Femoral Vein right	3-1-34

Name of operation None 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) C. C. Ault, M. D.
(Address) Farmington, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 25 1934