

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

Do not use this space.

24679

**1. PLACE OF DEATH**

County Jackson Registration District No. 372  
 Township BEAVER Primary Registration District No. 1000  
 City Kansas City (No. 3728 Highland)

File No. 5111  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Henry Kimball  
 (a) Residence, No. 3728 Highland 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formally  
 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) Stubenville Ohio

13. NAME Jno. A. Kimball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Frank A. Kimball  
 (ADDRESS) Leeds Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Port Mo. DATE 7-22 1934

19. UNDERTAKER Gay Law Funeral Home  
 (ADDRESS) 7 C. Mo.

20. FILED 7-21 1934 Wm Crow  
asst Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to July 20 1934

I last saw him alive on July 20 1934 Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Cerebral apoplexy  
Heart prostration  
 Date of onset Jan 34

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? No

If so, specify \_\_\_\_\_

(Signed) Ward H. Leonard, M.D.  
 (Address) 5232 Summit St

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.

AUG 27 1934

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