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.

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 28212
Township — Primary Registration District No. 3002 — Registered No. 122
City Mexico Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Mrs. Cecelia J. H. Kimmel
(a) Residence, No. Kings Daughter Home St., 3 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1847

7. AGE: YEARS 87 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 95
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1100
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) Berlin Germany

FATHER
13. NAME H. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Poppe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. Kimmel Glendale California

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo. DATE Aug. 30 1934

19. UNDERTAKER (ADDRESS) McPherson Bros. Mexico Mo.

20. FILED 8/29 1934 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934 to Aug 28, 1934
I last saw her alive on Aug 28, 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

Cardiac Asthma & Heart prostration

Other contributory causes of importance: 95

Old age

Name of operation none 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) B. F. Libbs, M. D.
(Address) Mexico Mo