

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

Do not use this space.

33003

124311

OCT 17 1934

1. PLACE OF DEATH

County Jackson
Township Raw
City K.C. Mo (No. K.C. General Hospital)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 3322 1/2 E - 15th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-4-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min
50 11 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2056

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 14 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Alexander Kimes

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

15. MAIDEN NAME Mary Land

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Alexander Kimes

(ADDRESS) apishover - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Sept 16 34

19. UNDERTAKER Wm. C. E. Ferret

(ADDRESS) 918 Brown St. Kansas

20. FILED 9-25 19 34 am Crone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-34 1934

22. I HEREBY CERTIFY that I attended deceased from _____ 1934 to _____ 1934

I last saw him alive on _____ 1934 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: _____

Emphysema of the Chest
Smoker

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 cause (violence, fire, etc.) the following

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur _____ (Specify city, county, and State)

Specify whether injury occurred in a factory, in home, or in public place.

Manner of injury Smoking while drinking

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

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