

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.

DEC 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 251
Township Washington Primary Registration District No. 2850
City (No.) St. Ward

File No. 35629
Registered No.

2. FULL NAME

Ann Kimball
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 7 18

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

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

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) St. Louis

13. NAME Joseph Vogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Maria Strobinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Suella Kimball (ADDRESS) Jameson Mass

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Creek DATE Oct 23 1934

19. UNDERTAKER Stromer (ADDRESS) Pattonburg, Mo

20. FILED 11-23-34 19 1934 Registrar J. G. Nelson

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 18 1889, to Oct 21 1934, 19 34
I last saw her alive on Oct 21 1934. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Cerebral Haemorrhage Date of onset 1915

Other contributory causes of importance:

High blood Pressure arteriosclerosis May 1929

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) Anna H. Woodring, M. D.

(Address) Pattonburg, Mo

