

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

Do not use this space.

FEB 2 1 1935

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **4351**, **Cate Brilliant**) St. **1006** (Ward)

2. FULL NAME

Forestine Kimberley
 (a) Residence, No. **4351 Cate Brilliant** 11 Ward.

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 **Female** 4. COLOR, OR RACE **Cauc** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Arthur Kimberley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
43 2 10

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **Housewife**

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) **St. Louis Mo.**

13. NAME **Oshorne Turner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Kettie Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Arthur Kimberley 4351 Cate Brilliant**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Jan. 31** 19**35**

19. UNDERTAKER (ADDRESS) **J. T. Harrison 2906 Zanjan**

20. FILED **V 28** 19**35** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 25, 1935**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, m. **12:15 P.M.** The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis
Chronic Interstitial Nephritis
Cirrhosis of Liver
Chronic Spleenitis**

Date of onset

Other contributory causes of importance: **M. A. B.**
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **YES**

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) **Harold P. King** M.-D. (Address) **128135**

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.

