

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.

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

Do not use this space.

5318

1. PLACE OF DEATH
MAY 20 1935

County Wasson
Township Wasson
City Kansas City (No. KC General)

Registration District No. 307
Primary Registration District No. 307

File No. _____
Registered No. 509
St. _____ Ward _____

2. FULL NAME Steve Kimball, or Kimble

(a) Residence, No. 57 1/2 + Oakley 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 6 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor
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) mo

FATHER 13. NAME James Campbell

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

MOTHER 15. MAIDEN NAME Becky Thomas

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

17. INFORMANT Reverend Clerk
(ADDRESS) W. C. Campbell, Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE 2/8/35

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 48 Broadway, East, City

20. FILED 2/8 35 M. M. Cave
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1935 to 2-6, 1935.
I last saw him alive on 2-6, 1935. Death is said to have occurred on the date stated above, at 11:45 AM.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Post operative gastroenterostomy of shock
Other contributory causes of importance: _____
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) J. J. Campbell M. D.
(Address) W. C. Campbell, Hosp. K.C. Mo.

