

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.

AUG 21 1935

25535

1. PLACE OF DEATH Bates
County Bates Registration District No. 47
Township Grand River Primary Registration District No. 4629
City Keokuk (No. 5088) St. _____ Ward _____

2. FULL NAME George Reed Kimble
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Kimble
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 4 - 1871
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 6 9
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Aug 13, 1935
I last saw him alive on Aug 19, 1935. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delark Co. Ill.
13. NAME Martine Kellogg Kimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Michigan
15. MAIDEN NAME Selma Una Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Mo.
17. INFORMANT Forest Kimble
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug. 15, 1935
19. UNDERTAKER Leath and Self
(ADDRESS) Adrian
20. FILED Aug 20 1935 Minnie P. Smith
Registrar.

Acute nephritis
Following bacillary infection
Teeth Date of onset _____
Other contributory causes of importance: nearby all of teeth work infection
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) J. A. Williams, M. D.
(Address) Keokuk Mo.

