

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.

DEC 19 1935

30181-1

1. PLACE OF DEATH

County Montgomery
Township Doddsville
City New Florence, Mo.

Registration District No. 593
Primary Registration District No. 4354

File No. 35
Registered No. 35-
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wilhelmus Kimmich Ward _____
(Usual place of abode) New Florence, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>Fredrick Earnest Kimmich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13, 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	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) <u>all</u> spent in this occupation <u>her life</u>

12. BIRTHPLACE (CITY OR TOWN) Wuerttemberg
(STATE OR COUNTRY) Germany

13. NAME Mathew Kratz

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

15. MAIDEN NAME Miss Fritz

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

17. INFORMANT Harvey Zimmerman
(ADDRESS) New Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hugo Cemetery DATE 9-29 1935

19. UNDERTAKER Best Baker
(ADDRESS) Americus, Mo.

20. FILED 12/10 1935 John D. Helm
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935 to Sept 28, 1935
I last saw her alive on Sept 28, 1935 Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Bronchial pneumonia
Influenza
M
Other contributory causes of importance:
Date of onset 9-26-35

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify _____
(Signed) James O. Helm, M. D.
(Address) New Florence, Mo.

