

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

Do not use this space.

34999

**1. PLACE OF DEATH**

County North  
Township Witchell  
City Grant City (No. ....)

Registration District No. 453  
Primary Registration District No. 1312

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 <u>MA</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Kimberling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1881</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>9</u>
		DAYS
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>May 1935</u>		
11. Total time (years) spent in this occupation <u>23</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>W. Va.</u>		
13. NAME <u>William Murphy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>		
15. MAIDEN NAME <u>Susan Lovell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>		
17. INFORMANT (ADDRESS) <u>Vivian Birchant</u> <u>Grant City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City, Mo.</u> DATE <u>10/15</u> <u>1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. C. Dumble</u> <u>Grant City, Mo.</u>		
20. FILED <u>11-9</u> 19 <u>35</u> <u>Fred Mull, M. D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13-35

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1935, to Oct-13, 1935  
I last saw her alive on Oct-13, 1935 Death is said to have occurred on the date stated above, at 6:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis (Sept 30)  
50  
Other contributory causes of importance:  
Emphysema heart 1934

Name of operation removal of heart Date of Sept 30  
What test confirmed diagnosis? Sept test Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO Date of injury NO, 19...  
Where did injury occur? NO (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO  
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify NO  
(Signed) W. H. C. Dumble, M. D.  
(Address) Grant City Mo.

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.

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