

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.

JAN 15 1936

38837

1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 120  
Township " Primary Registration District No. 3009  
City Cape Girardeau (No. 21 So. Lorimer) St. " Ward "

2. FULL NAME Frank L. Kimmel  
(a) Residence, No. 21 So. Lorimer St. Ward "  
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>61</u>	<u>0</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stock dealer

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) Cape Girardeau Mo

13. NAME George L. Kimmel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Mo.

15. MAIDEN NAME Delia Deane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Miss Amy Kimmel  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fairmount Cem DATE Dec 20<sup>th</sup> 1935

19. UNDERTAKER Walthus Funeral Home  
(ADDRESS) Cape Girardeau Mo

20. FILED 12-18-1935 John Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18<sup>th</sup> 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb 1931 to Dec 18 1935  
I last saw him alive on Dec 8<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 8 m.  
The principal cause of death and related causes of importance were as follows:  
Serious of Liver  
Date of onset

Other contributory causes of importance:  
Abdominal Dropsy

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? NA  
If so, specify John Thompson M. D.  
(Signed) Cape Girardeau, Mo  
(Address)

