JAN 26 1937

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

Do not use this space.

46013

1. PLACE OF DEATH
County St. Louis Registration District No. 333 File No.
Township St. Ferdinand Primary Registration District No. 4468 Registered No. 233
City S. Kinloch Park, Ferguson Town (No. St. Ward)

2. FULL NAME Eugene Kimble
(a) Residence, No. S. Kinloch Park Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known
7. AGE YEARS 75 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known
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)

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ada Kimble So. Kinloch Park
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec 19 1936
19. UNDERTAKER (ADDRESS) English Und Co 2931 Lucas Ave
20. FILED 12-19 1936 W.A. Zeitler Registrar.
Ada C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13- 1936
22. I HEREBY CERTIFY, That I attended deceased from 6-10- 1936, to 12-13- 1936
I last saw him alive on 12-9- 1936. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	

Other contributory causes of importance High blood pressure

Name of operation Date of
What test confirmed diagnosis History & Physical 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) J. S. Gorselyn, M. D.
(Address) 25 Carson Road S. Kinloch Park Mo

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.

I. VAS. No. 2 1-M-1-20-36 X7044