

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.

FEB 23 1936

47719

1. PLACE OF DEATH

County Shannon
Township Pines
City _____ (No. _____)

Registration District No. 863
Primary Registration District No. 6137

File No. 06
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Stillborn Kimbro

(a) Residence, No. _____ 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Jan 17, 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Bucyrus, Mo.

FATHER 13. NAME Earl Kimbro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monistown, Tenn.

MOTHER 15. MAIDEN NAME Lucille Stump

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucyrus, Mo.

17. INFORMANT (ADDRESS) Dr. J. M. Dillman M.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 1/18/1936 J. Hamuck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936, 19____
I last saw h. Stillborn, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Prematurity
Aspiration (of pneumonia)
Wetted pneumonia
Other contributory causes of importance: _____
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. M. Dillman, M. D.
(Address) Houston, Mo.

