

FEB 25 1937

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

Do not use this space.

1408

1. PLACE OF DEATH

48 County Jackson  
10 Township Haw  
9 City Kansas City (No. Wesley Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 199  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sila Norine Himbury  
(a) Residence, No. 2323 Cherry St. 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 Female 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 child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 0 10

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

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 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Kenneth Himbury

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

15. MAIDEN NAME Irene Beare Baldrige

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

17. INFORMANT Mr. Kenneth Himbury (ADDRESS) 2323 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Jan-14-37

19. UNDERTAKER Mar C J Porter (ADDRESS) 913 Broadway

20. FILED Jan 13 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-12-1937

22. I HEREBY CERTIFY That I attended deceased from Dec 23, 1936, to Jan 12, 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Capillary Pneumonia Date of onset Dec 23 1936

Other contributory causes of importance: Influenza Dec 23 1936

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis Phys. checks an autopsy!

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

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) J. F. Mackey, M. D.  
(Address) Professor Mackey, 1525 S. 1st St., Kansas City, 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 20314

Professional Bldg.  
Vi - 8002  
Till 5.00