

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 8 1937

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

Do not use this space.

9686

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 397
Primary Registration District No. 1002
(No. 2103 Linwood Blvd)

File No. 9686
Registered No. 2103
St. _____ Ward _____

2. FULL NAME John M. Kimber D.O.

(a) Residence, No. 2103 Linwood Blvd. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edith Kimber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 53

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

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) Missouri

13. NAME W.T. Kimber

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

15. MAIDEN NAME Susana Trader

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

17. INFORMANT Frank B. Kimber (ADDRESS) 3738 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE 3/23/37 19.

19. UNDERTAKER W.F. Jayberry (ADDRESS) City

20. FILED Apr 23 1937 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/37 19

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19

I last saw him _____ live on _____, 19 _____ Death is said

to have occurred on the date stated above, at 7:30 PM.

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

Primary causes Chronic nephritis 930

Date of onset _____

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) _____, M. D.

(Address) _____

