

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **De Paul Hospital**) St. **6006** (Ward)

2. FULL NAME **Raymond Herbert Kimes**
 (s) Residence, No. **Cameron Mo.** St. **NP** Ward. **Cameron Mo.**
 (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) **Sept. 25 1935**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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) **St. Joseph Mo.**

13. NAME **Raymond V. Kimes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cameron Mo.**

15. MAIDEN NAME **Betty Lou Fanning**

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

17. INFORMANT **Raymond V. Kimes**
 (ADDRESS) **Cameron Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Cameron, Mo.** DATE **6/21/37**, 19

19. UNDERTAKER **W. A. Stock Und. Co.**
 (ADDRESS) **2117 E. Grand Blvd.**

20. FILE **JUN 21 1937** **J. H. Brebeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 19 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15 1936** to **June 19 1937**
 I last saw him alive on **June 19 1937** Death is said to have occurred on the date stated above, at **6 p.** m.
 The principal cause of death and related causes of importance were as follows:

Labar pneumonia **thromb.**

Other contributory causes of importance: **108**

Date of onset:

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) **R. Kimes**, M. D.
 (Address) **Cameron, Mo.**

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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