

JUL 31 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Franklin
 Township Grantsville
 City Franklin (No. 9)

Registration District No. 903
 Primary Registration District No. 6312

File No. 25178

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 8 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1928

7. AGE YEARS 8 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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) Franklin
 (STATE OR COUNTRY) Mo.

13. NAME Dal Kimberling

14. BIRTHPLACE (CITY OR TOWN) Franklin
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Stella Belle

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

17. INFORMANT (ADDRESS) Dal Kimberling
Franklin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Franklin City, Mo. DATE 6/23/37

19. UNDERTAKER (ADDRESS) For the C. Dunfee
Franklin City, Mo.

20. FILED 7-6 1937 Fred Mullin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

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

I last saw him alive on _____, 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:

Date of onset

Death by
asphyxiation

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) W. B. Kimberling(Address) Franklin City, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County North
Township Hutchins
City (No)

Registration District No. 903
Primary Registration District No. 6212

File No. 25-178
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Glen Dean Kimberling

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 9 9

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 7/6 19 37 Fred M. Miller
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 20 1937

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

I last saw him alive on _____, 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:

Date of onset _____

Death by Drowning
His brother tried to swim across pond and carrying on his back
Other contributory causes of importance: _____

(See back) 187

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 1937 Date of injury 6/20 1937

Where did injury occur? Grand City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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) E. S. Gering, coroner

(Address) Grand City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
None of them is a plain terms, so marriage is properly classified. Exact statement of OCCUPATION is very important.

Both went down brother was saved but
he was drowned. There was no boat
in the case

525/78