REC'D AUG 27 1938

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

Do not use this space.

File No. 26785
Registered No. 11

1. PLACE OF DEATH
County: Webster
Township: E. Benton
City: (No. St. Ward)
Registration District No. 898
Primary Registration District No. 6203

2. FULL NAME: Walter A. Kimmel 540
(a) Residence, No. 712 N. Market St., Ward. Marion, Illinois
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Ruth Kimmel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-25-1891

7. AGE: YEARS 45 | MONTHS 1 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
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): Illinois

FATHER
13. NAME: P. L. Kimmel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Silda Malier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Ruth Kimmel

~~18. BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Fairview, Ill. DATE: 7-13-38

19. UNDERTAKER (ADDRESS): Kelley-Ferrell, Seymour, Mo.

20. FILED: July 13, 1938 Lester W. Good, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

Crushed Skull
Automobile Accident collision with another car

Date of onset

Other contributory causes of importance: 21 DYR

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? accident Date of injury 7-13, 1938
Where did injury occur? U.S. Highway 60 3 mi. west Fordland, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. U.S. Highway No. 60
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) K. K. Kelley - Coroner Webster County
(Address) Seymour, 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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