

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair  
Township Morrow  
City (No. \_\_\_\_\_)

Registration District No. 1039  
Primary Registration District No. 5010

File No. 31563  
Registered No. 160  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Wilson Kimberly 516

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie L. Kimberly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ohio  
(STATE OR COUNTRY)

FATHER 13. NAME Ira Kimberly

14. BIRTHPLACE (CITY OR TOWN) Defiance, Ohio  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margare Wilson

15. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

17. INFORMANT Blaine & Kimberly  
(ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE 8-12, 1938

19. UNDERTAKER Glenn E. Kent & Son  
(ADDRESS) Green City, Missouri

20. FILED Aug 16, 1938 Spencer Freeman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug 11, 1938

I last saw him alive on Aug 9, 1938 Death is said

to have occurred on the date stated above, at 7 am

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

Chronic Volvular Heart Disease  
3 yrs ago

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? hi

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 1938

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? No

If so, specify \_\_\_\_\_

(Signed) A. D. Harrison, M. D.

(Address) Harrison, Mo.

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

RECEIVED

District Health Officer No. 10

District File Number 10-38-206

Date Filed 10-11-38