

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.

MAY 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township WashingtonPrimary Registration District 2001City St. Joseph, Mo.No. St. Joseph, HospitalFile No. 14319Registered No. 442

St. _____ Ward _____

2. FULL NAME

Mr. Louis Kimmel

(a) Residence, No. _____ St. _____

Ward Industrial City, 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)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (None)

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

April 29, 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. _____ min.

851126

OCCUPATION

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

Carpenter

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)

unk. Ill.

13. NAME

Jacob Kimmel

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Paul Kimmel
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Manassas City

DATE

4/25

1939

19. UNDERTAKER

(ADDRESS)

Wm. B. Ford
Manassas City, Mo.

20. FILED

4/25

1939

W. J. Medelbach

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-25

1939

22. I HEREBY CERTIFY, That I attended deceased from

4-19

1939 to

4-25

1939

I last saw him alive on 4-25 1939 Death is saidto have occurred on the date stated above, at 9:15 a. m.

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

① Chronic nephritis with edema
 ② Atherosclerotic Heart Disease
 ③ Senility

Date of onset

Other contributory causes of importance

① Atherosclerosis general
 ② Dehydration
 ③ Senility

Name of operation None Date of _____What test confirmed diagnosis Laboratory Was there an autopsy? No

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

Accident, suicide, or homicide? X Date of injury X, 19Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

Wm. B. Ford
St. Joseph's Hospital
St. Joseph, Mo.

M. D.

