

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

16292
Do not use this space.

REC'D MAY 19 1939

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830
 (b) Township Gettysburg Primary Registration District No. 4503
 (c) City Shelburna (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Shelburna, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Francis M. Woodward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-14-1871</u>		
7. AGE	YEARS <u>67</u>	MONTHS/ <u>4</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or mins.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Novelty, Mo.</u>		
FATHER	13. NAME <u>William Kimbly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda Cluff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Florence Johnson Shelburna, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2007 Shelburna, Mo.</u> DATE <u>April 13, 1939</u>		
19. FUNERAL DIRECTOR (NAME AND ADDRESS) <u>William Bartelera Shelburna, Mo.</u>		
20. FILED <u>April 15, 1939</u> <u>Ruth Joiner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939

22. I HEREBY CERTIFY That I attended deceased from 3-3-35, 1935, to 4-10-39, 1939.
 I last saw her alive on 4-10-39, 1939. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset 1937

Other contributory causes of importance:
Hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
 If so, specify _____ (Signed) A. M. Wood, M. D.
Shelburna, Mo. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-37-950

Date Filed MAY 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry A. Barkley

Licensed Embalmer No. 3835

P. O. Address Shelburne, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.