REC'D SEP 1 1939

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

30028
Do not use this space.

1. PLACE OF DEATH Ray 3
(a) County ..... Registration District No. 743
(b) Township Fishing River 1 Primary Registration District No. 6237 Registered No. 21
(c) City Elkhorn, Mo (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 514 Bert LeRoy Kimble
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Mary E. Kimble
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1896
7. AGE YEARS 49 MONTHS 2 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telegrapher
9. Industry or business in which work was done, as saw mill, bank, etc. Railway
10. Date deceased last worked at this occupation (month and year) Aug 7, 1939
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

FATHER
13. NAME Geo. E. Kimble 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 4

MOTHER
15. MAIDEN NAME Amanda ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Mary Kimble Orrick
18. BURIAL, CREMATION, OR REMOVAL
PLACE Baring, Mo DATE Aug 10 1939
19. FUNERAL DIRECTOR (ADDRESS) Gibson & Son Orrick Mo
20. FILED 8/10/ 1939 E. Campbell M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1939
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 7:15 P.m.
The principal cause of death and related causes of importance were as follows:
Broken Neck — Thrown from speeding automobile that was out of controle & left highway
Date of onset Inst.
Other contributory causes of importance:
JID J
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury Aug 6, 1939
Where did injury occur Highway 10 Ray Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Thrown from automobile
Nature of injury Broken neck
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G.W. Gaines Coroner, M. D.
(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/28/59

## STATEMENT BY LICENSED EMBALMER

I, C. M. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by E. C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed C. M. Gibson

Licensed Embalmer No. 2299

**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.)**