

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

Do not use this space.

32843

1. PLACE OF DEATH

County Greene Registration District No. 474
 Township Clark Primary Registration District No. 5638
 City (No.) St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sep. 2, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or 45 min.
0 0 0 0 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Laurence Co. Mo.

FATHER 13. NAME Harry Dean Kimbler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER 15. MAIDEN NAME Freda Mae Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurence Co. Mo.

17. INFORMANT (ADDRESS) Mo. Dean Kimbler

18. BURIAL, CREMATION, OR REMOVAL PLACE Grubbs Creek DATE 9-2-1939

19. UNDERTAKER (ADDRESS) Morris S. Leiman

20. FILED 9/7 1939 Mrs. Anna Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) sep 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from sep 2, 1939 to sep 2, 1939
 I last saw him/live on sep 2, 1939 Death is said to have occurred on the date stated above, at 5:45 am.
 The principal cause of death and related causes of importance were as follows:

premature birth
cause
exertion of mother

Other contributory causes of importance: 1st

Name of operation Date of
 What test confirmed diagnosis? C 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) P. R. Halmer, M. D.
 (Address) 217 Leamon

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. 6,

District Number 1039-1952

Date Filed OCT 5 1939