

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ (Ward)

File No. 32843
 Registered No. 64

2. FULL NAME

Ella F. Kimball
 (a) Residence, No. Rogers Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm Kimball
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1863
 7. AGE YEARS 70 MONTHS 3 DAYS 8 If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pedar County Iowa

13. NAME D. W. Garner

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

15. MAIDEN NAME Emily Dickinson

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

17. INFORMANT Emily Kimball (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Thurs. Oct. 12, 1933

19. UNDERTAKER F. E. Wilkinson (ADDRESS) Clinton Mo.

20. FILED 10/10 1933 E. C. Peeler Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Oct 10, 1933

I last saw her alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 1:00 p. m.

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

Apoplexy.
50
50
50
 Other contributory causes of importance:
Arteriosclerosis
Carcinoma of Breast.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Geo. S. Husted M. D.
 (Address) Clinton Mo.

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.

567-20103

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