

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

Gen Hosp
JUN 12 1937

1. PLACE OF DEATH

County *Jackson*
Township *Kew*
City *Kennett* (No. *Gen. Hosp.*)

Registration District No. *399*
Primary Registration District No. *1002*

File No. *19157*
Registered No. *Gen.*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *2305-E-1278* St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 3-1878*

7. AGE YEARS *58* MONTHS *7* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gen's*

13. NAME *William Botley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gen's*

15. MAIDEN NAME *Mahala DeBatter*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gen's*

17. INFORMANT (ADDRESS) *Charles Gimple*

18. BURIAL, CREMATION, OR REMOVAL *Green Lawn* DATE *May 25, 1937*

19. UNDERTAKER (ADDRESS) *W. S. DeBatter*

20. FILED *May 24 1937* *M. M. Crowe, ass't Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *5-14, 1937* to *5-22, 1937*

I last saw him alive on *5-22, 1937*. Death is said to have occurred on the date stated above, at *3:50 p.m.*

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

Multiple abscesses of lungs, liver, spleen and kidneys. Not tuberculous. Date of onset *126.*

Other contributory causes of importance: *Chronic Cholecystitis and Cholelithiasis*

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

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? _____
If so, specify _____

(Signed) *P. E. De Maria*, M. D.
(Address) *Gen. Hosp.*

MOTHER FATHER

OCCUPATION

