

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 38
 Township Shelley Primary Registration District No. 5051
 City Shelley St. _____ Ward _____

File No. 815674
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

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

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED/OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1934
 I HEREBY CERTIFY, That I attended deceased from 4-1- 1934 to 5-7- 1934

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

I last saw h. or alive on 4-18- 1934. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 5 1

Chronic parvohyponatremic nephrotic Date of onset _____

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 _____

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Mo

Name of operation _____ Date of _____

13. NAME James H. Smith

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Kimball (ADDRESS) Shelley Mo

28. 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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heeds DATE May 8th 1934

19. UNDERTAKER Thomas - Elmer (ADDRESS) Barry Mo

Manner of injury _____ Nature of injury _____

20. FILED 6/8 1934 Emma Widdington Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. D. _____ (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.

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

JUN 20 1934

