MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 11767

PLACE OF DEATH

County Shannon

Township Blair Creek Registration District No. 1117 File No. 3.

or Village Primary Registration District No. 6079 Registered No. 2.

or City (NO. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Hattie Loo Kimes

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR OR RACE	White
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Married
DATE OF BIRTH	Feb. 14, 1885 (Month) (Day) (Year)
AGE	33 yrs. 1 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work	Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (City or town, State or foreign country)	Reynolds Co. Mo.
PARENTS: NAME OF FATHER	Sam. P. Strother
BIRTHPLACE OF FATHER (City or town, State or foreign country)	Unknown
MAIDEN NAME OF MOTHER	Julia Mc. Neal
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Reynolds Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Kimes

(ADDRESS) Gang Mo.

Filed March 18. 1918. R. Meyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22, 1918 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ________, 191__, to ________, 191__,

that I last saw h___ alive on ________, 191__,

and that death occurred, on the date stated above, at 1 30 ___ m.

The CAUSE OF DEATH* was as follows:

Child Birth very soon after Birth a sharp pain in shoulder soon going to Hart and (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) Death resulted (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) almost instantly M.D.

C. Kimes (Address) Gang

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Counts Cem. DATE OF BURIAL March 23 1918

UNDERTAKER Charles Kimes ADDRESS Gang Mo.

WALLACE CROSSLEY
LIEUTENANT GOVERNOR
WALTER C. GOODSON
PRESIDENT PRO TEM.
ROBT. E. L. MARRS
SECRETARY

MISSOURI STATE BOARD OF HE[ALTH]
BUREAU OF VITAL STATISTIC[S]
CERTIFICATE OF DEATH

PLACE OF DEATH

County

Township — or — Village — or — City — (NO. — St.; — Ward)

Registration District No. — File No.

Primary Registration District No — Registered No.

[If death o[ccurred in a] hospital or [institution,] give its NA[ME instead] of street and [number.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH — (Month) (Day) 1 (Year)

AGE — yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country)

PARENTS
- NAME OF FATHER
- BIRTHPLACE OF FATHER (City or town, State or foreign country)
- MAIDEN NAME OF MOTHER
- BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed — 191 —

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH — (Month) (Day)

I HEREBY CERTIFY, that I attended decea[sed from]
— , 191 — , to —
that I last saw h— alive on —
and that death occurred, on the date stated above, at —
The CAUSE OF DEATH* was as follows:

— (Duration) — yrs. — mos.

Contributory (SECONDARY) —
— (Duration) — yrs. — mos.

(Signed) —
— 191 — (Address) —

*State the Disease Causing Death, or, in deaths from Violent [Causes, state]
(1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR[ANSIENTS, OR] RECENT RESIDENTS)
At place of death — yrs. — mos. — ds. In the State — yrs. — m[os.]
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BU[RIAL]
UNDERTAKER	ADDRESS