

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

Do not use this space.

30398

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City, Mo. (No. Wesley Hoop) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 1502  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

J. L. Simmons  
 (a) Residence No. Clinton Mo. 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Bessie Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 21, 1861</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Margie Co. Mo.

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**14.**

INFORMANT Mrs. Bessie Simmons  
 (Address) Clinton Mo.

**15.**

FILED 10/16 27 M. M. Corwin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1927  
 17. I HEREBY CERTIFY, That I attended deceased from 10/14 1927, to 10/15 1927  
 that I last saw h.i.a. alive on 10/15 1927 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mania  
1390  
12923 (duration) yrs. mos. ds.  
 CONTRIBUTORY Elegid Prostate and  
 (SECONDARY) Urinary Retention (duration) yrs. mos. ds.

**18. WHERE THE DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Clinton  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

clinical and  
laboratory (Signed) Repl. King, M. D.  
10/16, 1927 (Address) 1111 Grand Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Clinton Mo.

**DATE OF BURIAL**

10/16 1927

**20. UNDERTAKER**

E. W. Newcomer Sons, Kls Mo

H. 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. THIS IS A PERMANENT RECORD

