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

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.

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

Do not use this space.

30596

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 104
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1607 Pennsylvania St. Ward)

2. FULL NAME Savannah May Simmons
(a) Residence. No. 1607 Pennsylvania St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 1 - 1919

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 8 | 9 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Scholar
(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): Tenn

PARENTS
10. NAME OF FATHER: Ernest E Simmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Ada L Riddick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Ernest E Simmons
(Address) 1607 Penn St

15. FILED 10/30, 1927 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1927, to Oct 29, 1927, that I last saw her alive on Oct 28, 1927, and that death occurred, on the date stated above, at 1 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epileptic convulsions

8578

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Unknown except that she never walked or talked & was very nervous (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) [signature], M. D
10/30, 1927 (Address) 416 Rothman Bldg. K.C. Mo

*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: Woodlawn
DATE OF BURIAL: Oct - 31 1927

20. UNDERTAKER: Newcomer's Sons
ADDRESS: K.C. Mo

3924 Locust

Hp 3320

Vie [illegible]