

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

Do not use this space.

20564

**1. PLACE OF DEATH**

County Jackson  
Township Man  
City Orange City

Registration District No. 399

Primary Registration District No. 1903 E 24

File No. 7285

Registered No. 7285

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1903 E 24th St. 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

7

**4. COLOR OR RACE**

Col

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word)**

Child

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 11, 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9

2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Child

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

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Sylvester Sims

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

(STATE OR COUNTRY)

Oklahoma

**12. MAIDEN NAME OF MOTHER**

Willa Swyman

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

(STATE OR COUNTRY)

Oklahoma

**14.**

INFORMANT

(Address)

Sylvester Sims  
1903 E 24th

**15.**

FILED

6/4 28 M.M. Crowe

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

6-2-1928

**17.**

I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to 6-2-28 19\_\_\_\_, and that I last saw her alive on 6-2-28 19\_\_\_\_, and that death occurred on the date stated above, at 330 a

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebrospinal Meningitis, Staphylococcus

**CONTRIBUTORY (SECONDARY)**

Obese

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

Staphylococcus  
6/3, 1928 (Address) 1523-84 18th

\*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**

Highland

**DATE OF BURIAL**

6-4 1928

**20. UNDERTAKER**

H B Moore

**ADDRESS**

1820 E 18th

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.

