

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

Do not use this space.

4882

1. PLACE OF DEATH

County Jackson
Township Wain
City N.C. Mo.

Registration District No. 399
Primary Registration District No. 100
No. 2707 Cleveland Ave.

File No. _____
Registered No. 531
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2707 Cleveland St. Ward. 14

(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cochecton Ohio

PARENTS

10. NAME OF FATHER Thomas Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Waggoner

12. MAIDEN NAME OF MOTHER Mary Land

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Waggoner

14. INFORMANT Mr. Charles Sims
(Address) 2707 Cleveland

15. FILED 7/4, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1930, to Feb 3, 1930, that I last saw h. ex. alive on Feb 3, 1930, and that death occurred, on the date stated above, at 7:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis chronica parenchymatosa

CONTRIBUTORY (SECONDARY)

Uremia (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine exam.
(Signed) G. H. Howe, M. D.

Feb 4, 1930 (Address) 1000 Richards Berg

*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. Memorial Park DATE OF BURIAL Feb 6 1930

20. UNDERTAKER Ans C. L. Foster ADDRESS N.C. Mo.

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.

RECORD

Mr. George Hoyer M.P. 1970 Kansas

1000 Rialto Bldg. Vi. 3975

3719 Penn

We. 1910

TEL. 7134