

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
 Township Ray  
 City Kansas City (No. 6705)

Registration District No. 1002  
 Primary Registration District No. Paseo

File No. 23181  
 Registered No. 3180 (Ward)

**2. FULL NAME**

(a) Residence. No. 6705 St. 15 Ward. Paseo

(Usual place of abode)  
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**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**

Elmer B Sims

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

July 11 1875

**7. AGE**

YEARS 55 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

At Home

(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)

England

**10. NAME OF FATHER**

Charles Firth

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

(STATE OR COUNTRY)

England

**12. MAIDEN NAME OF MOTHER**

Mary Baimby

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

(STATE OR COUNTRY)

England

**14. INFORMANT**

(Address)

Elmer B Sims  
6705 Paseo

**15. FILED**

8/31/30 M. M. Crowe  
asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

July 31 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from April 25, 1930, to July 31, 1930, that I last saw her alive on July 30, 1930, and that death occurred, on the date stated above, at 8:00 P. m.

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

Septic embolism of the heart

(duration) 91A yrs. 75B mos. 1 ds.

**CONTRIBUTORY (SECONDARY)**

Septic endocarditis

(duration) 5 yrs. 5 mos. 7 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF No.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical & Laboratory

(Signed) Maxwell Syon, M. D.

Aug. 1, 1930 (Address) 507 Shubert Bldg.

\*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**

**DATE OF BURIAL**

Cremation

Aug. 4 1930

**20. UNDERTAKER**

**ADDRESS**

Dr. Newcomer's Sons & Co.

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.

59 1/2 - 7 1/2  
7-12-30-2-8