

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

Do not use this space.

23193

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township Law Primary Registration District No. 1002 File No. _____
 City KANSAS CITY (No. St. Luke Hospital) Registered No. 2347
 St. _____ Ward _____

2. FULL NAME GEORGE A. SIMMS

(a) Residence. No. _____ St. _____ Ward. Harden, Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep - 16 - 1862

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
67 .. 10 .. 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. FARMER
 (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) Kentucky

10. NAME OF FATHER Dont no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

12. MAIDEN NAME OF MOTHER Dont no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

14. INFORMANT Miss Ella Lentz
 (Address) Harden, Mo.

15. FILED 8/12/30 M. M. Crowe
 1930 REGISTRAR Crow

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-24 1930, to 7-27 1930 that I last saw h. l. a. alive on 7-27-30, 1930, and that death occurred, on the date stated above, at 1:45 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

ACUTE GANGERNOUS APPENDICITIS

121A
93D (duration) yrs. mos. 6 ds.

CONTRIBUTORY MYOCARDIAL FAILURE
 (SECONDARY) (duration) ? yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1110

DID AN OPERATION PRECEDE DEATH? YES DATE OF 7-29-30
 WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? AUTOPSY FINDINGS
 (Signed) D. R. LEE MILLER M. D.
3-27 . 1930 (Address) St. P. C. 21st and W. 4th Kansas City, 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 Lawe Lock Cem DATE OF BURIAL July 29, 30

20. UNDERTAKER Jno W. Krupschold ADDRESS Harden, 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.

