

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

Do not use this space.

3018897

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City

399
Registration District No.....
Primary Registration District No.....1002
(No.....1220 West 38th St......St.....Ward)

File No.....
Registered No.....

2. FULL NAME Chas. H. Simms

(a) Residence, No. 1220 West 38th St. St. 5 Ward.

Length of residence in city or town where death occurred 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 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 Sarah D. Simms

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
80 3 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Retired Furniture
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer
(c) Name of employer.....

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)..... Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)..... Unknown

14. INFORMANT W.C. Simms
(Address) 5418 Westover Road

15. FILED 10/1 19 30 M. M. Crowe
REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1919, to Sept 30, 1930 that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 8:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59 myocarditis & dilatation
of heart - Nephritis, due to
137 pacific congestion
(duration)..... yrs. 2 mos. 15 ds.

CONTRIBUTORY Severe arteriosclerosis - 10 years
(SECONDARY) Diabetes mellitus (duration)..... yrs. 11 mos..... ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical diagnosis - urine
(Signed) Dr. Wm. H. H. H. H. M. D.
Sept 30, 1930 (Address) 509A Wirthman Bldg. 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 Mt Washington Cemetry DATE OF BURIAL 10-1-30

20. UNDERTAKER R.V. Lindsey & Sons, Inc. ADDRESS Keno City 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.

