

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

Do not use this space.

24949
2937

1. PLACE OF DEATH

County Madison Registration District No. 399
Township Yew Primary Registration District No. 607
City Kansas City (No. 100) General Hosp St. _____ Ward _____

2. FULL NAME

James B Sims
(a) Residence, No. St Anthony Home Ward 11
(Usual place of abode) 23 + Coler

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

13. NAME Hubert Sims

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Madeline Meuth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

17. INFORMANT (ADDRESS) Mrs Madeline Sims

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem July 4 1931

19. UNDERTAKER (ADDRESS) Quinn & Robins Co

20. FILED 7/4 1931 M M Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1931, to 7-3 1931

I last saw him alive on 7-3 1931 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria (10) Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Alb. Ind. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) P. E. Willard M. D.

(Address) Sup't K.C. Gen. Hosp. K.C. Mo.

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.

