

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

Do not use this space.

41122

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward _____

File No. 5111

Registered No. _____

2. FULL NAME

(a) Residence, No. 2410 College St. 11 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9, 1870</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>2</u>
		<u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Wm. Simmons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Almeda Norris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Debra Clark</u> (ADDRESS) <u>Kansas City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mountain View</u> DATE <u>12-26-31</u>		
19. UNDERTAKER <u>P. B. Lapitana</u> (ADDRESS)		
20. FILED <u>12/26</u> 19. <u>31</u> <u>M. M. Casper</u> Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1931 to 12-23-1931

I last saw her alive on 12-23-1931 Death is said to have occurred on the date stated above, at 5:15 P.

The principal cause of death and related causes of importance were as follows:
Coronary of Sines
12/18
930/240

Other contributory causes of importance:
Myocardial Insufficiency

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 PE Williams (Signed) _____, M. D.
(Address) Sub Rec Gen Hosp KCMo

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.

