

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

973

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Kan

Primary Registration District No.

Registered No.

City N. P. Mo. (No. St. Marys Hospital)

St.

Ward)

2. FULL NAME

(a) Residence, No. 1613 Admiral St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

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

Aug-28-1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

744

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

79

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

Mo.

FATHER

13. NAME

Wm. A. Simas

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

ala

MOTHER

15. MAIDEN NAME

Dora M. Manuel

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

Mo.

17. INFORMANT (ADDRESS)

W. A. Simas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mr. Moreau DATE 1-4-32

19. UNDERTAKER (ADDRESS)

Mrs. C. R. Foster

20. FILED

Jan 3 1932 M. M. Casow

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

January 2 1932I HEREBY CERTIFY, That I attended deceased from Dec 22 1931, to Jan 2 1932I last saw him alive on Jan 2 1932. Death is saidto have occurred on the date stated above, at 1030 a.m.

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

Acute Otitis media R. Date of onset Dec 22

S. mastoiditis R.

Streptococcus meningitis. Dec 28-31

89 a

Other contributory causes of importance:

Acute mastoiditis Dec 22-31

Streptococcus meningitis Dec 28-31

Name of operation

MastoidectomyDate of Dec 28-31

What test confirmed diagnosis?

Spinal 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

①24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) David B. Hedrick, M. D.(Address) 618 Proff. Kansas City Mo.

