

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.

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

Do not use this space.

1227

1. PLACE OF DEATH

County Jackson Registration District No. 232
Township Raw Primary Registration District No. 100
City Kansas City (No. 6201 East 10th) St. 12th Ward

File No. _____
Registered No. 265
St. _____ Ward _____

2. FULL NAME

Anna Jane Simon
(a) Residence, No. 6201 East 10th St. 12th Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>George Simon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 - 1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>10</u>
	DAYS <u>6</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>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>		
MOTHER	13. NAME <u>Pleasant Bond</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Sallie Hawkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Miss Rokie Simon</u> (ADDRESS) <u>6201 East 10th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corning, Kansas</u> DATE <u>Jan. 24, 1932</u>		
19. UNDERTAKER <u>W. M. Newcomer's Sons</u> (ADDRESS) <u>Kansas City, Missouri</u>		
20. FILED <u>Jan 22, 1932</u> <u>W. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

19
21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1931, to Jan. 21, 1932

I last saw her alive on Jan. 21, 1932. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar
108
131 108
162

Other contributory causes of importance:
chronic nephritis
debility

Name of operation none Date of _____

What test confirmed diagnosis? microscopic 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 _____ (3)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Human Sheblac 100
(Signed) _____, M. D.
(Address) 403 Cambridge Ave.

403 Cambridge (Sheffield)

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