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

Do not use this space.

12804

File No. 707

Registered No. 707

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township Kaw — Primary Registration District No. 307

City K.C. Mo (No. Vineyard Park Hospital St. Ward)

2. FULL NAME Robert Simmons

(a) Residence, No. 3140 Oak St. St., 5 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

3. SEX: M.

4. COLOR OR RACE: Wh.

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) Jan 28 - 1906

7. AGE: YEARS 26 | MONTHS 0 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce 172

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 2

FATHER

13. NAME Gilbert Simmons

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

MOTHER

15. MAIDEN NAME Blanche Pierce

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

17. INFORMANT Gilbert Simmons
(ADDRESS) Olathe, Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb - 26 1932

19. UNDERTAKER Mrs. E.L. Foster
(ADDRESS) K.C. Mo.

20. FILED 2/24 1932 M. Fr. Jerome
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to, 19...

I last saw him alive on, 19... Death is said to have occurred on the date stated above, at ....m.

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

Homicide gun wound — Date of onset

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Other contributory causes of importance:

Shot by Bandit in hold up

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) Stanley M. Steel, M. D.

(Address) Negaty Commr

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD