

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.

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

Do not use this space.

22734

1. PLACE OF DEATH **Veterans' Administration Hospital.** 399
 County **Jackson** Registration District No. **399**
 Township **Kaw** Primary Registration District No. **7000**
 City **Kansas City, Mo.** (No. _____) St. _____ Ward _____
 Registered No. **2630**

2. FULL NAME **MUNCY, Simon Gordon** C-None WOE
 (a) Residence, No. **3007 Linwood** St. _____ Ward. **Pvt. Trp C 2nd Reg. Cav**
 (Usual place of abode) **Kansas City, Missouri.** (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mabel Muncy				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1874				
7. AGE	YEARS 57	MONTHS 9	DAYS 12	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Government Inspector			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186			
	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) Kentucky				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Hospital Records.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholics DATE July 5 1932				
19. UNDERTAKER (ADDRESS) J. G. Burns				
20. FILED 7/13/32 M. M. Crowe Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3 1932**

22. I HEREBY CERTIFY, That I attended deceased from **June 25 1932** to **July 3 1932**
 I last saw him alive on **July 3 1932** Death is said to have occurred on the date stated above, at **3:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Carcinomatosis - (Primary seat, probably bladder) Date of onset **11-7-31**
51B
57B
57B

Other contributory causes of importance:
Coronary thrombosis 7-3-32
Pneumonia, Terminal

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Autopsy** 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? **No**
 If so, specify _____
 (Signed) **W. E. Chambers**, M. D.
W. E. CHAMBERS, Med. Officer in Charge
Vet. Admin. Hospital, Kansas City, Mo.

-11-

1950-1951

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...