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.

23082

File No.

Registered No. 3015

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kans — Primary Registration District No. 1002

City Kansas City (No. Gen Hosp # 2 St. Ward)

2. FULL NAME Dennis Simmons

(a) Residence, No. ~~Old Folks Home~~ St., 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: male

4. COLOR OR RACE: colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-20-1872

7. AGE: YEARS 60 — MONTHS 4 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): unknown 31

FATHER

13. NAME: Willis Simmons

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

MOTHER

15. MAIDEN NAME: Rachael Palmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): miss 2

17. INFORMANT (ADDRESS): Record Clerk Gen. Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge Lawn DATE: 8-1-1932

19. UNDERTAKER (ADDRESS): H B Moore 1820 E 18 Kt

20. FILED: Aug 3 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-27-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1932, to 7-27, 1932

I last saw him alive on 7-27-3, 1932 Death is said to have occurred on the date stated above, at 820 pm.

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

	Date of onset
Edema of Lungs	
92A	
93D	
95B	

Other contributory causes of importance:
mitral Insufficiency & Decompensation
myocardial Insufficiency

Name of operation: Date of:

What test confirmed diagnosis? Clinical lab Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (1) 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) D. M. Miller, M. D.

(Address)

Per E. Christman