

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

Do not use this space.

32305

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. Kansas City General Hospital)

Registration District No. 398
Primary Registration District No. 1908

File No. 3024
Registered No. 3024
Ward

2. FULL NAME Simmons Olive

(a) Residence, No. 4105 E. 17th St., 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1890

7. AGE YEARS 42 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Missouri

MOTHER 13. NAME George Payne

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

15. MAIDEN NAME Margaret Berryman

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

17. INFORMANT P. E. Williams (ADDRESS) Sup. K. S. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 10-12-32

19. UNDERTAKER Funerals & Tobin (ADDRESS) 100 1/2 32nd M. M. Leavenworth

20. FILED 10/12/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1- 1932, to 10-9- 1932

I last saw her alive on 10-9- 1932. Death is said to have occurred on the date stated above, at 12:25 P.M.

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

Acute Myocarditis Date of onset

7:30 A 9:30 A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) P. E. Williams, M. D.

(Address) Sup. K. S. General Hospital

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.

