

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.

1465

## 1. PLACE OF DEATH

County JACKSONRegistration District No. 199Township KAWPrimary Registration District No. 1002City KANSAS CITY(No. 341-SOUTH LAWN)File No. 195Registered No. 195

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME JOHN W. SIMAS(a) Residence, No. 341-SOUTH LAWN St. 10 Ward.Length of residence in city or town where death occurred 26 yrs. mos. ds.

(If nonresident, give city or town and State) \_\_\_\_\_ 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. FLORENCE F. SIMAS

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

NOVEMBER 24-1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

71116

## OCCUPATION

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

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

SWIFT & CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN)

KEARNEY

(STATE OR COUNTRY)

MISSOURI

## FATHER

## 13. NAME

ROBERT SIMAS

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

KENTUCKY

## MOTHER

## 15. MAIDEN NAME

MARGUERITE KENNEDY

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

KENTUCKY

## 17. INFORMANT

(ADDRESS)

MRS. FLORENCE F. SIMAS  
341-SOUTH LAWN

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

FLORAL HILLS DATE JANUARY 12 1933

## 19. UNDERTAKER

(ADDRESS)

D. W. NEWCOMER'S SONS  
2111-EAST-9TH ST.

## 20. FILED

1-12-33m. m. Crowe

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 10 193322. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Jan 10, 1933I last saw him alive on Jan 10, 1933 Death is saidto have occurred on the date stated above, at 9:45 P. m.

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

Date of onset

Robt. PneumoniaJan 8, 33108  
162 1-10-33Other contributory causes of importance: Senile ParesisSenile Paresis

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) R. A. Williams, M. D.(Address) 5-400 5th John Ave  
Kansas City Mo

5400 St. John  
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