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.

5643

1. PLACE OF DEATH

48 County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1008 — Registered No. 594

10 City Kansas City (No. 806, Forest St. Ward)

9

2. FULL NAME James W. Sims

(a) Residence, No. 806 Forest 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 22 1863

7. AGE: YEARS 69 — MONTHS ~~5~~ 3 — DAYS 12 ~~11~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Intake man 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of K. C. 12

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

11. Total time (years) spent in this occupation

26

1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline County Mo.

FATHER

13. NAME: Unknown

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

31

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

31

17. INFORMANT (ADDRESS): Mrs Minnie Sims 806 Forest K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cem DATE 2-6-33, 19

19. UNDERTAKER (ADDRESS): Peter B. Lapetina 538 Campbell K.C. Mo.

20. FILED 2/5 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 to Feb. 3, 1933

I last saw him alive on Feb. 3, 1933 Death is said to have occurred on the date stated above, at 8 P m.

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

Uraemia

137

Other contributory causes of importance:

Enlarged Prostate

Date of onset

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? no

If so, specify

(Signed) J. M. Frankenberger, M. D.

(Address) 824 Rialto Bldg, K.C., Mo.