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.

Dr. R. C. McClandhan Prof

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

Do not use this space.

29861

File No. 3787

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 393

Township Kaw — Primary Registration District No. 1002

City Kansas (No. 1329 E 9th St St. Ward)

2. FULL NAME Simon Elmer Likes

(a) Residence, No. 1329 E 9th st St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Susan Likes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 10 1863

7. AGE: 70 YEARS — MONTHS: — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

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.: Retired Home

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): Hannibal Mo

FATHER

13. NAME: Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT (ADDRESS): Robert Ford 1329 E 9th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn Cemetery DATE Sept 26 1933

19. UNDERTAKER (ADDRESS): Passantino Bro K.C. Mo

20. FILED Sept 25 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Sept 24, 1933

I last saw him alive on Sept 24, 1933. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Cerebral apoplexy	9/24/33
93 C	
83 A	
10	

Other contributory causes of importance:

Malignant Hypertension 1930

Sim - Ctes Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? No

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) Robert McClandhan M. D.

(Address) 1024 Professional Bldg