

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

Do not use this space.

9163

APR 25 1934

**PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Knox Primary Registration District No. 1002  
 City K. C. Mo. No. 1003 Bates St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2861  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Martha Simmons  
 (a) Residence, No. 1003 Bates 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 <u>Fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-21-1850</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1934, to 3-25, 1934.  
 I last saw her alive on 3-25, 1934. Death is said to have occurred on the date stated above, at 2-0 p.m.

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

Jeffere Bronch  
Pneumonia  
(Bilateral)  
Atheroma  
 Date of onset 1079

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis thromb Was there an autopsy? no

23. If death was due to external causes (violence), fill in also, the following:  
 Accident, suicide, or homicide? 0 Date of injury 0, 1934

Where did injury occur? 0  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
0

Manner of injury 0  
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify \_\_\_\_\_  
 (Signed) W. Mueller, M. D.  
 (Address) 707 Argyle

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Manfield Epperson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>No Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT <u>L. D. Simmons</u> (ADDRESS) <u>1003 Bates Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Moriah</u> DATE <u>Mar 28 34</u>	
19. UNDERTAKER <u>Mrs. C. L. Foster</u> (ADDRESS) <u>918 Broadway Ave</u>	
20. FILED <u>3-26</u> 19 <u>34</u> on <u>on</u> <u>Crude</u> <u>and</u> Registrar.	

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. Miller L.P.  
argy 602 V 9878  
707