

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

Do not use this space.

32989

OCT 17 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1000 Registered No. 4327
 City Kansas City (No. 3411) So. Benton St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3411 So. Benton 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Effie Simcox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>9</u>	<u>3</u>	

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

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

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) Penn

MOTHER / FATHER 13. NAME John Simcox

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

15. MAIDEN NAME Elizabeth Parker

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

17. INFORMANT Mrs Effie Simcox

(ADDRESS) 3411 So Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE SEPT-24 1934

19. UNDERTAKER (ADDRESS) Newcomers Lane

20. FILED 9-24-1934 M. M. Carome Registrar

MEDICAL CERTIFICATE OF DEATH

4
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1923, to Sept 22nd, 1934
 I last saw him alive on Sept 22, 1934. Death is said to have occurred on the date stated above, at 5:35 a.m.

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

Carcinoma colic
at rect. sigmoid junct
Pulmonary metastasis
 Other contributory causes of importance: HV

Name of operation Colostomy 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? No
 If so, specify _____
 (Signed) Tom E. Lally, M. D.
 (Address) 127 1/2 Angyle Bl'vd.

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.

