

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 10)

Registration District No. 390
Primary Registration District No. E 30 14 St

File No. 35968
Registered No. 4469
St. 14 Ward

2. FULL NAME

(a) Residence, No. 110 E 30 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 <u>Female</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wesley Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 1878</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>11</u>	DAYS <u>19</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>		
13. NAME <u>Bessie Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Matilda B Worland</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>John Wesley Sims</u> (ADDRESS) <u>110 E 30 15 E Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Oct 6</u>		
19. UNDERTAKER <u>J. F. O'Donnell Co</u> (ADDRESS) <u>K.C. Mo</u>		
20. FILED <u>Oct 5</u> <u>3:30 P.M.</u> <u>M. M. Crowe</u> <u>1226 Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934, to Oct 3 1934

I last saw him alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Chronic myocarditis & coronary arteriosclerosis

Other contributory causes of importance:

Chronic myocarditis & arterial hypertension

Name of operation _____

What test confirmed diagnosis? Autopsy 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) M. M. Crowe, M. D.
(Address) 814 Rialto Bldg.

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.

Wm. H. V. B. B. B.
Rudolph