

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.

DEC 18 1934

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

Do not use this space.

39609

1. PLACE OF DEATH

County County

Registration District No. 300

Township Blue

Primary Registration District No. 300

City Kansas City Mo.

(No. R.C.B. Hospital)

File No.

Registered No. 5120

St.

Ward)

2. FULL NAME

(a) Residence, No. 3246

(Usual place of abode)

Ward.

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 21 1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

23

8

3

OCCUPATION

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

Orderly

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)

Missouri

FATHER

13. NAME

Mr. Cleve Sims

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

Missouri

MOTHER

15. MAIDEN NAME

Miss Grace Langley

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

Missouri

17. INFORMANT
(ADDRESS)

R.C.B. Hospital, Leeds Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

19. UNDERTAKER

(ADDRESS)

Mrs. E. A. Forster

20. FILED

11-26

1934

M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 1st, 1934, to Nov. 25th, 1934

I last saw him alive on Nov. 25th, 1934. Death is said

to have occurred on the date stated above, at 7:38 A.m.

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

Pulmonary tuberculosis
23A

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? specimen 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

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?

If so, specify

(Signed)

Dr. J. H. ... M. D.

(Address)

R.C. Tuberculosis Hosp.
Leeds, Mo.

