MAY 2 4 1935

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

Do not use this space.

12829

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 1504

City Kansas City (No. 3660 Summit St. St. Ward)

2. FULL NAME Charlotte B. Simon

(a) Residence, No. 19 S 17 KCK 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/19/1871

7. AGE: Years 63 — Months 11 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year): 4/28
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elizabeth Illinois

FATHER

13. NAME: Wm. J. Pilcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elizabeth Ill.

MOTHER

15. MAIDEN NAME: Sarah Hastings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis.

17. INFORMANT (ADDRESS): Dr. J. F. Hassig K C K

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis DATE 4/9 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary K C K

20. FILED 4-9 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to April 6th 1935

I last saw her alive on April 5 1935 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

General arterio sclerosis with years hypertension
Cerebral hemorrhage Sudden

Date of onset

Other contributory causes of importance:

Name of operation: none Date of —

What test confirmed diagnosis: clinical Was there an autopsy? —

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?

If so, specify

(Signed) George H Haxie, M. D.

(Address) Kansas City Mo

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.