

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

Do not use this space.

1242

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Wear Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 12 C. Gen. Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 95  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Simons Infant  
(a) Residence, No. 4411 Cypress St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1936, to 1-4, 1936  
I last saw him alive on 1-4, 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-36

The principal cause of death and related causes of importance were as follows:  
Prematurity (Term) Date of onset \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 40

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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 \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
15

12. BIRTHPLACE (CITY OR TOWN) KC (STATE OR COUNTRY) Mo

MOTHER 13. NAME Francis A Simons

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

MOTHER 15. MAIDEN NAME Myrtle Eldridge

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)

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

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

17. INFORMANT Deputy Clerk (ADDRESS) Greenland Hosp KC Mo

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland Hosp DATE 1-7-36 1936

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

19. UNDERTAKER Pete B. Lapating (ADDRESS) 536 East 24th

(Signed) J. J. [Signature], M. D.  
(Address) St. E. Gen. Hosp KC Mo

20. FILED Jan 7 1936 M. M. [Signature] Registrar.

GROSS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD

