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.

FEB 20 1936

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

Do not use this space.

1492

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 305
City K. C. Mo (No. Trinity, Lutheran Hospital St. Ward)

2. FULL NAME Frank Rufus Simmons
(a) Residence, No. 2505 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Octob 17-1882

7. AGE YEARS 53 MONTHS 3 DAYS 45 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sabula Iowa

FATHER
13. NAME Edward C. Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs H. O. Erickson 2505 Benton K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sioux City Iowa DATE Jan 24 1936

19. UNDERTAKER (ADDRESS) John Sheehan 4316 Front Avenue K. C. Mo

20. FILED 1-22 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 22, 1936
I last saw him alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lentic Aortitis	
Aneurism, Aorta	Years
Chronic Myocarditis	(20)

Other contributory causes of importance:
Acute Congestive Heart Failure with Pulmonary Oedema — 10 days

Name of operation None Date of
What test confirmed diagnosis? Clinical 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, 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) H. Ogelvie MD, M. D.
(Address) 730 Professional

Dr Ogilvie