

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.

OCT 20 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph(No. 2306 South 19th.File No. 48962Registered No. 1220

St.

Ward)

## 2. FULL NAME

Leslie Lloyd Sims Jr.(a) Residence, No. 2306 South 19th.

St.

Ward.

(Usual place of abode)

(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)

Single

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

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

September 27, 1936

## 7. AGE

YEARS

MONTHS

DAYS

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

Stillborn

## OCCUPATION

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

Child

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)

St. JosephMissouri

## FATHER

13. NAME Leslie Lloyd Sims Sr.

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

Sweet Springs  
Missouri

## MOTHER

15. MAIDEN NAME Edith Smith

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

Robinson  
Kansas

## 17. INFORMANT (ADDRESS)

Leslie L. Sims Sr.  
2306 So. 19th St.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE City CemeteryDATE Sept. 29 '36

## 19. UNDERTAKER (ADDRESS)

John Behl & Bowman Funeral Home  
317 So. 10th St.

## 20. FILED

9-29-36  
36 N. Westlomb  
1936  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Sept. 27th 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Date of onset

Placental Apoplexy

Other contributory causes of importance:

Name of operation

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?

If so, specify

(Signed) Dr. E. B. McAdams M. D.(Address) W. H. H. Co.

