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DEC 20 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 40492
Township Kaw — Primary Registration District No. 1002 — Registered No. 4806
City K. C. Mo (No. 727 Cypress St. Ward)

2. FULL NAME Louis Simmons
(a) Residence, No. 727 Cypress 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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 11, 1885

7. AGE 84 — YEARS 52 — MONTHS 9 — 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. Trasfer Corr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier
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) Mo

FATHER
13. NAME Wm H. Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Helen Simmons 727 Cypress

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE Dec 1, 1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Avenue

20. FILED Nov. 29, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1937, to Nov. 29, 1937
I last saw him alive on Nov. 29th, 19.... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Broncho-pneumonia.

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Other contributory causes of importance:
Cerebro Spinal Lues.

Date of onset

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) Max Goldman, M. D.
(Address) Prof. Bldg.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

BOM-10-22-35 X9314

Maj [illegible]
Fr 0667
Professional Bldg.
2:00 P.M.