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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 2145
Township Washington — Primary Registration District No. 1001 — Registered No. 126
City St. Joseph — (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME Baby Boy Simms — 6 [illegible]
(a) Residence, No. 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: M.
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-31-1938
7. AGE: 0 YEARS: 0 MONTHS: 0 DAYS: 0 If LESS than 1 day, 0 hrs. or 0 min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

FATHER
13. NAME Dr. William Amos Simms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

MOTHER
15. MAIDEN NAME Bertha Reola Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Miss.

17. INFORMANT (ADDRESS) Father — 324½ Francis St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Hospital DATE 2-1- 1938
19. UNDERTAKER (ADDRESS) Board of Health notified
20. FILED 2/2 1938 H. J. Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH 1-31-1938

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Before Birth
22. I HEREBY CERTIFY, That I attended deceased from at Birth, 19 to 1-31-, 1938
I last saw him alive on never, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Hydrocephalus — Date of onset
Other contributory causes of importance:
Congenital abnormalities. Prematurity — Development of 5 mo. Fetus, born with living twin at 7 mo.
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. E. Wadlow, M. D.
(Address) 620 Francis St., St. Joseph