REC'D APR 17 1939

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

Do not use this space.

9560

File No.

Registered No. 1166

1. PLACE OF DEATH

County Jackson 1 Registration District No. 395

Township Kaw 2 Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. Ward)

520

2. FULL NAME Perdue Kent Symms

(a) Residence, No. Atkinson, Kansas St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Symms Helena M Pinsombe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1876

7. AGE: Years 62 Months 11 Days 15 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 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Kansas

FATHER

13. NAME William P. Symms

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

MOTHER

15. MAIDEN NAME Maria Louisa Kent

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

17. INFORMANT Mrs P. K. Symms (ADDRESS) Atkinson, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Vernon DATE 3-18 1939
Atkinson, Kan

19. UNDERTAKER Wm. Stanton (ADDRESS) Atkinson, Kan.

20. FILED Mar 15 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 15, 1939

I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 10:43 p.m.

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

	Date of onset
(1) Coronary Sclerosis	—
(2) Cardiac hypertrophy	—
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Other contributory causes of importance:

acute pulmonary edema	3-15-39

Name of operation — Date of —

What test confirmed diagnosis? autopsy 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

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Kent, M. D.

(Address) Research Hospital, Kansas City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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