

AUG 7 1939

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

Do not use this space.

24490

1. PLACE OF DEATH

County Jackson 2Township Baw 1City Kansas City (No. 4 17 29)Registration District No. 399Primary Registration District No. 1002File No. 2703Registered No. 2703

2. FULL NAME

(a) Residence, No. 1729 Oak St. W.B. Ward. W.B.

(Usual place of abode)

(Richard W. Sims)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19-1858</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1938</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 915. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Veronica Sims (ADDRESS) 1729 Oak St. W.B. Mo.18. BURIAL, CREMATION OR REMOVAL PLACE Golden Mo. DATE 7/9 193919. UNDERTAKER J.N. Murray (ADDRESS) Golden Mo.20. FILED July 5, 1939 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5 193922. I HEREBY CERTIFY, That I attended deceased from 4-17 1939 to 6-17 1939I last saw him alive on 6/17 1939 Death is said to have occurred on the date stated above, at 12:30 a.m. 7-5-39

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

Arterio-Sclerotic Type Heart Disease

Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Gray A. Tucker, M. D.(Address) 1203 Pased. St. E. Mo.

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.

50M-10722-38
J X9314

