

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.

1934 JUL 6

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

Carlini
Do not use this space.

21449

1. PLACE OF DEATH
County **Pettis** Registration District No. **668**
Township _____ Primary Registration District No. **3032**
City **Sedalia** (No. **Bothwell Hosp**) St. _____ Ward _____

File No. **217**
Registered No. **668**

2. FULL NAME **Levi Simmons**
(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 **W** 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) **Oct. 13 1908**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 8 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) **Okl.**

FATHER 13. NAME **W.E. Simmons**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

MOTHER 15. MAIDEN **Martha Franklin**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tex.**

17. INFORMANT **W.E. Simmons**
(ADDRESS) **Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Crown Hill** DATE **June 23 1934**

19. UNDERTAKER **Gillespie Funeral Home**
(ADDRESS) **Sedalia Mo.**

20. FILED **6-23-34** **Jean Slack**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22/34**, 19
22. I HEREBY CERTIFY, That I attended deceased from **June 17 1934**, to **June 22 1934**
I last saw him alive on **June 22 1934** Death is said to have occurred on the date stated above, at **3:00** m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Kept up appendix & adhesions
Other contributory causes of importance: _____
12/18 12/18 12/18

Name of operation **Appendectomy** Date of **June 22 1934**
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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) **J. Smith**, M. D.
(Address) **Sedalia Mo.**

UNITED STATES DEPARTMENT OF JUSTICE

SECURITY MATTER - CIVIL RIGHTS

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 10/15/68

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

NY 100-158841

NY 100-158841