		MISSOURI STATE BOARD OF HEALTH
	1 PLACE OF DEATH	BUREAU OF VITAL STATISTICS
~	in the lev	CERTIFICATE OF DEATH 1286
Cour	nty	7 - 11
Tow	nship Washington Registration Distri	ct No. 125 File No. 103
or	L 1	Ion District No. 5995 Registered No. 53
Villa	age Primary Registrati	lon District No. 5995 Registered No. 53
Or City	(NO	St.; Werd) [If death occurred in
Oy		hospital or institution
,	25111 NAME Samuel Frances	Sims of street and number.
	- TOLL IVANIL	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH
n	WIDOWED ON DIVORCED	1919
ma	(Write the word) Sugal.	(Month) (Day) /(Year
6 DAT	IL OF BIRTH	17 I HEREBY CERTIFY, that I attended decease 170
	Uch 12 89 te	Jan 0 , 1914 to 6/MM / 4 - 1919
	(Month) (Day) (Year)	that I last saw house alive on JAW 12, 1919
7 AGE If LESS than		1 atrus o 10
32 mos V ds. l dayhrs.		
	A	The CAUSE OF DEATH* was as follows:
8 occ	EUPATION //	The CAUSE OF DEATH* was as follows:
(a) 1	CUPATION Trade, profession, or farmer,	The CAUSE OF DEATH* was as follows:
(a) 7 part	CUPATION Trade, profession, or journer,	The CAUSE OF DEATH* was as follows: Laby prunumus 1157
(a) T part (b) (busi	CUPATION Trade, profession, or farmer,	The CAUSE OF DEATH* was as follows:
(a) 7 part (b) (busi whice	CUPATION Trade, profession, or idular kind of work General nature of industry ness, or establishment in the employed (or employer)	Lobo prumuma 11/4 10/8
(a) 7 part (b) (busing whice 9 BIRT (City	CUPATION Trade, profession, or journal formula for the final state of industry incess, or establishment in the employed (or employer)	The CAUSE OF DEATH* was as follows:
(a) 7 part (b) (busing whice 9 BIRT (City	CUPATION Trade, profession, or includer kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) Mg. Bulle Co	CONTRIBUTORY FALLURIZA
(a) 7 part (b) (busing whice 9 BIRT (City	CUPATION Trade, profession, or dicular kind of work General nature of industry ness, or establishment in the hemployed (or employer) THPLACE or town,	Lobr prumuurus (Duration) yra mos 10 d
(a) 7 part (b) (busing whice 9 BIRT (City	CUPATION Trade, profession, or ficular kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER Franch Sum	CONTRIBUTORY Industry (Duration) yrs mos 10 d CONTRIBUTORY Industry (Secondary) yrs mos 4 d
(a) T part (b) (busi whice 9 BIRT (City State	CUPATION Trade, profession, or decider kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER THERE S MAN 11 BIRTHPLACE OF FATHER	CONTRIBUTORY Industry (Duration) yrs mos 10 d CONTRIBUTORY Industry (Secondary) yrs mos 4 d
(a) T part (b) (busi whice 9 BIRT (City State	CUPATION Trade, profession, or cicular kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER FRANCE 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mg. 12	CONTRIBUTORY Industry (Duration) yrs mos 10 d CONTRIBUTORY Industry (Secondary) yrs mos 4 d
(a) 7 part (b) (busing whice 9 BIRT (City	CUPATION Trade, profession, or decider kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME	(Duration) yrs mos 10 d (Duration) yrs mos 10 d (CONTRIBUTORY Julium a (Secondary) (Duration) yrs mos 4 d (Signed) M. I (
(a) T part (b) (busi whice 9 BIRT (City State	CUPATION Trade, profession, or dicular kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER FAMCL 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER MASSM VEY	(Duration) yrs mos od CONTRIBUTORY Julium M. I (Secondary) (Duration) yrs mos d. (Signed) M. I (Address) Julium M. I (1914 (Address) Julium M.
(a) T part (b) (busi whice 9 BIRT (City State	CUPATION Trade, profession, or icular kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOSSON 12 MAIDEN NAME OF MOSSON 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Duration) yrs mos od CONTRIBUTORY Industry (Secondary) (Duration) yrs mos od (Signed) Yrs mos od (Signed) M. Industry M. Ind
(a) T part (b) (busi whice 9 BIRT (City State	CUPATION Trade, profession, or decular kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MASS M 12 MAIDEN NAME OF MASS M 13 BIRTHPLACE	(Duretion) yrs mos of decordary (Secondary) (Duration) yrs mos of decordary (Secondary) (Duration) yrs mos of decordary (Signed) M. I (Address) January M. I (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal State or Residents) Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transient or Recont Residents) In the
(a) Topart (b) (b) (c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CUPATION Trade, profession, or icular kind of work General nature of industry ness, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOSSON 12 MAIDEN NAME OF MOSSON 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Duration) yrs mos od (CONTRIBUTORY Industry) (Secondary) (Duration) yrs mos od (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Signed
(a) ? part (b) (b) (c) which w	CUPATION Trade, profession, or decider kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOSS ON JUSY 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 ABOVE IS TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos od CONTRIBUTORY Tallum (Secondary) (Duration) yrs mos of designed M. I (Signed) M. I (Address) Tallum M. I (Signed) M. I (Sign
(a) ? part (b) (b) (c) which w	CUPATION Trade, profession, or dicular kind of work General nature of industry ness, or establishment in the employed (or employer) The Lace or town, or foreign country) 10 NAME OF FATHER Than Ch 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 MAIDEN NAME OF MOTHER (City or town, State or foreign country) 15 MAIDEN NAME OF MOTHER (City or town, State or foreign country) 16 ABOVE IS AND TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos od (CONTRIBUTORY Industry) (Secondary) (Duration) yrs mos od (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Address) AMAMMAM M. I (Signed) M. I (Signed
(a) ? part (b) (b) (c) which w	CUPATION Trade, profession, or decular kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER THANKES 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 ABOVE IS AMADEM AND AND AMADEM AND AND AMADEM	(Duration) yrs mos od (CONTRIBUTORY Industry) (Secondary) (Duration) yrs mos od (Signed) M. I (Signed) M. I (Address) AMMMMM (Signed) M. I (Signed) M.
(a) ? part (b) (c) whice whice 9 BIR (Cäty State 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CUPATION Trade, profession, or decider kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOSS ON JUSY 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 ABOVE IS TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos od decondary) (Duration) yrs mos od decondary) (Duration) yrs mos od decondary) (Signed) M. I. (Address) A. (Address) M. I. (Address) A. (Address) M. I. (I. (Address) M. I. (I. (Address) M. I. (I. (Address) M. (I. (Address) M. (I. (Address) M. (I. (I. (Address) M. (I. (I. (I. (I. (I. (I. (I. (I. (I. (I
(a) ? part (b) (b) (c) which w	CUPATION Trade, profession, or dicular kind of work General nature of industry ness, or establishment in the employed (or employer) The Lace or town, or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 15 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 16 ABOVE IS TO THE BEST OF MY KNOWLEDGE AND	(Duration) yrs mos of decordary) (Duration) yrs mos of decordary) (Duration) yrs mos of decordary) (Secondary) (Duration) yrs mos of decordary) (State the Disease Causing Death, or, in deaths from Violent Causes, states of linjury; and (2) whether Accidental, Buildfull or Homicidal or Recent Residents) At place In the effect of death yrs mos decordary whether was disease contracted if not at place of death? Former or usual residence
(a) ? part (b) (b) (b) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CUPATION Trade, profession, or decular kind of work General nature of industry mess, or establishment in the employed (or employer) THPLACE or town, or foreign country) 10 NAME OF FATHER THANCE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 ABOVE IS TO THE BEST OF MY KNOWLEDGE AND HAMP (Address) (Address) A THANCE OF MOTHER (City or town, State or foreign country) (Address)	(Duration) yrs mos od decondary) (Duration) yrs mos od decondary) (Duration) yrs mos od decondary) (Signed) M. I. (Address) A. (Address) M. I. (Address) A. (Address) M. I. (I. (Address) M. I. (I. (Address) M. I. (I. (Address) M. (I. (Address) M. (I. (Address) M. (I. (I. (Address) M. (I. (I. (I. (I. (I. (I. (I. (I. (I. (I
(a) ? part (b) (b) (b) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CUPATION Trade, profession, or dicular kind of work General nature of industry ness, or establishment in the employed (or employer) The Lace or town, or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER OF MOTHER (City or town, State or foreign country) 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 14 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 15 BIRTHPLACE OF MOTHER (City or town, State or foreign country) 16 ABOVE IS TO THE BEST OF MY KNOWLEDGE AND	(Duration) yrs mos d CONTRIBUTORY Julium A (Secondary) (Duration) yrs mos d (Signed) M. I 1919 (Address) M. I *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transient or Recent Residents) At place of death yrs mos ds. State yrs mos d Where was disease contracted if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupaion.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia ((secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as Accidental, Suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributors ? (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)