

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

Do not use this space.

8151

1. PLACE OF DEATH
 County Jackson Registration District No. 808
 Township Law Primary Registration District No. 7100
 City R. C. Mo. (No. 6212-E-13th St.) St. Ward

2. FULL NAME Abner Thos. Simerl
 (a) Residence No. 6212-E-13th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-11-1889

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>11</u>	<u>12</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Smith Simerl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Luliza Kent

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Jennie Mast
 (Address) 6212-E-13th St.

15. Mary J. M. M. Crowe
 FILED _____ 1927 West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-3-1927

17. I HEREBY CERTIFY, That I attended deceased from January, 1920, to March 3, 1927, that I last saw him alive on March 3, 1927, and that death occurred, on the date stated above, at H. P. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion (Cause unknown)
Sciatica 1915
Senility 815
Last illness 118 days
 (duration) 6 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Cystitis
 (duration) 5 yrs. 0 mos. 0 ds.

18. WHERE AND DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH 6212 E 16th St
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope
 (Signed) John H. Callahan, M. D.
3/4, 1927 (Address) 3704 Euclid

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL March 9 1927

20. UNDERTAKER Mrs. C. L. Forster ADDRESS R. C. 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.

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