OCT 25 1927

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

Do not use this space.

26713

1. PLACE OF DEATH

County Carroll — Registration District No. 138 — File No.

Township Carrollton — Primary Registration District No. 5188 — Registered No. 82

City (No. , St. Ward)

2. FULL NAME George Simantel Sr.

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

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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-14-1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 1948
(c) Name of employer: 1 21

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Geo. Simantel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Conrad
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Henry Simantel
(Address) Scotland, South Dakota

15. FILED 9-26, 1927 Mrs E E Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/25 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/21, 1927, to 9/25, 1927 that I last saw him alive on 9/25, 1927 and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia - due to Scratch on hand - Bacillus ~~[illegible]~~ Malignant Aedema (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1518 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. B. Scovern M.D.
9-26, 1927 (Address) Carrollton, Mo.

*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: Scotland, South Dakota
DATE OF BURIAL: 9-30 1927

20. UNDERTAKER: Willis Brothers
ADDRESS: Carrollton Mo

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