

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

Do not use this space.

8140

**1. PLACE OF DEATH**

County Carroll Registration District No. 135  
Township Wakanda Primary Registration District No. 5193  
City Carrollton (No. .... St. .... Ward)

File No. ....  
Registered No. 35

**2. FULL NAME Mary Ethel Simms**

(a) Residence No. 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 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) Sept. 17<sup>th</sup> 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	22	6	7	=

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stenographer  
(b) General nature of industry, business, or establishment in which employed (or employer) Bank  
(c) Name of employer Carroll Nat'l Bank Chillicothe, Mo.

9. BIRTHPLACE (CITY OR TOWN) Carroll County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm M Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co.  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary E. Weig

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

14. INFORMANT Mrs. Wm M Simms  
(Address) Carrollton Mo

15. FILED 3-24-28 Mrs E E Farham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-19-28, 1928, to 3-24-28, 1928, that I last saw him alive on 3-24, 1928, and that death occurred, on the date stated above, at 11 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia (Left)

108 10/10 (duration) yrs. mos. 12 da.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... no

**WHAT TEST CONFIRMED DIAGNOSIS.....**

(Signed) William G Atwood M. D.  
3/24, 1928 (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 St. Marys Cem DATE OF BURIAL 3-26-28  
W Osborne Mo

20. UNDERTAKER Stanley Fism. Nona ADDRESS Carrollton

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.

