

P 27 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ralls 10211-1
 Township Saverton
 City near Hannibal (No. Ralls 10211-1)

Registration District No. 647 724File No. 10211-1Primary Registration District No. 207Registered No. 39-5-8St. 25 Ward 25

2. FULL NAME

Oliver Gustave Simms
 (a) Residence. No. Ralls 10211-1 St. 25 Ward 25
 (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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 26 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

221

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ralls Mo

10. NAME OF FATHER

Luther Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ralls Mo

12. MAIDEN NAME OF MOTHER

Addie Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ralls Mo

14.

INFORMANT

(Address)

Luther Simms
Hannibal Mo

15.

FILED

3/26/28
W. J. Downing
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Mar 24, 1928, that I last saw him alive on Mar 17, 1928, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Constitutional heart disease
15 1/2 yrs. (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: from birthDID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. W. Roberts, M. D.3-30-28 (Address) 510-11 1st Co. Ralls 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

DATE OF BURIAL

MT OlivetMar 25 1928

20. UNDERTAKER

ADDRESS

Wm M SmithHannibal Mo

N. E.—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.

221 Do 5th St

