

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

Do not use this space.

14135

1928 PLACE OF DEATH
County Monroe
Township Jackson
City Paris (No. 582)

Registration District No. 582
Primary Registration District No. 5779

File No. 24
Registered No. 24
St. Paris Ward 1

2. FULL NAME Scott Sims

(a) Residence. No. Monroe Co., Infirmary St. Paris Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 14 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(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) Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) N.K.

14.

INFORMANT Taylor Sims
(Address) Paris, Mo.

15.

FILED APR 10 1928
19. N. C. Payne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APR 10 1928 19

17.

I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to April 10, 1928
that I last saw him alive on April 10, 1928, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
7401
CONTRIBUTORY arteriosclerosis
(SECONDARY) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic

(Signed) E. M. Fugate M. D.
APR 10 1928 (Address) Paris, 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

Walnut Grove

4/11 1928

20. UNDERTAKER

ADDRESS

Speedo Blakey

Paris, 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.

