

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

Do not use this space.

16242

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 636

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

George Varnest Simms

(a) Residence No. 713 Pendleton St. \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred yrs. \_\_\_\_\_ mos. \_\_\_\_\_

How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

Negro

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

Married

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

Mrs Anna Simms

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

Feb-12-1862

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

66

3

3

**8. OCCUPATION OF DECEASED**

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

porter

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Clay Co Mo

(STATE OR COUNTRY)

PARENTS

**10. NAME OF FATHER**

Wick Simms

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

unknown

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

unknown

(STATE OR COUNTRY)

**14. INFORMANT**

Mrs Anna Simms

(Address) 713 Pendleton St

**15. FILED**

17 1928

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

5/15 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 15, 1928

that I last saw him alive on May 15, 1928, and that death occurred, on the date stated above, at 6:10 P.M.

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

Cerebral Haemorrhage

87 H

**CONTRIBUTORY (SECONDARY)**

After 4 or 5 intervals  
(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

Home

Did an operation precede death? \_\_\_\_\_ DATE OF \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. D. Sexton, M. D.

(Address) St. Joseph, 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**

Stewartville Mo

**DATE OF BURIAL**

5/18 1928

**20. UNDERTAKER**

B. F. Graves

**ADDRESS**

1309 N 4 St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL

