

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

Do not use this space.

21082

**1. PLACE OF DEATH**

County Johnson.  
Township Columbus.  
City (Name) \_\_\_\_\_

Registration District No. 433  
Primary Registration District No. 5590

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benjamin Franklin Griffith Simmerman.

(a) Residence No. R. F. D. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1. 1860.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
67      10      26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Johnson Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Benj. F. Simmerman.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenbriar Co.  
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Myra Mariam Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chapel Hill  
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Roberty Simmerman.  
(Address) R. #36. Centerview. Mo.

15. JUNE 29, 1928 J. J. Coffman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27. 1928.

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ 8:15 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Pressure on Artery

CONTRIBUTORY (SECONDARY) 580  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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? Registery, Clinical  
(Signed) [Signature] M. D.

(Address) Warrensburg 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 Sun Set Hill DATE OF BURIAL June 29 19 28

20. UNDERTAKER R. Q. Phillips. Warrensburg. Mo. ADDRESS \_\_\_\_\_

K. 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.

WHITE PRINT, WITH OUTFOLDING INTERIOR IS A PERMANENT RECORD

