NOV 21 1928

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

Do not use this space.

35404

1. PLACE OF DEATH
County: Jackson
Township: Fyler
City: (No. ..... St. ..... Ward)

Registration District No. 1052
Primary Registration District No. 5510

File No.
Registered No.

2. FULL NAME: E. D. Simmons

(a) Residence. No. ..... 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. 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Kate Simmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 24 1856

7. AGE: Years 70 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

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): Bonville
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: B C Simmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dark Knob
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Caleen Drummer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Coal Camp
(STATE OR COUNTRY): Mo

14. INFORMANT: Walter Simmons
(Address): Weaubleau Mo

15. FILED 10 26, 1928 H. R. Marshall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 27, 1928, that I last saw h. alive on Oct 22, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
Pt of Long Stand
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) F. N. Barnes, M. D.
, 19 (Address) Flemington 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: Butt Angel Cem.
DATE OF BURIAL: 10 28 1928
ADDRESS: Wheatland Mo

20. UNDERTAKER: J. K. Lucky

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.