

22 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34849

1. PLACE OF DEATH

County PennscootRegistration District No. 63-1

Township

Primary Registration District No. 4388City Cyntherville (No.)

File No.

Registered No. 123

St. Ward)

2. FULL NAME Ruthie Sims

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

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)

March 8, 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

4711

8. OCCUPATION OF DECEASED

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

Child

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cyntherville

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Frank Sims

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tunica

(STATE OR COUNTRY)

Mississippi

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tunica

(STATE OR COUNTRY)

Mississippi

14.

INFORMANT
(Address)James Stapleton
Cyntherville, Mo.

15.

FILED

Oct 20, 1928 Ada Martin

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 19 28

17.

I HEREBY CERTIFY That I attended deceased from Oct. 18, 1928, to Oct. 19, 1928 that I last saw him alive on Oct. 18, 1928, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis

CONTRIBUTORY (SECONDARY)

Broncho-pneumonia(duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. Simon, M.D.
Oct. 19, 1928 (Address) Cyntherville, 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

Lincoln CemeteryOct 20 1928

20. UNDERTAKER

ADDRESS

Wm. HardwickCoile

N. B.—Every item of information should be carefully supplied. Accidents 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.

