

MAR 21 1929

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

Do not use this space.

5923

1. PLACE OF DEATH

County Cooper
Township Bonville
City Bonville (No. 5298)

Registration District No. 218
Primary Registration District No. 3015

File No. 30
Registered No. 30
St. _____ Ward _____

2. FULL NAME Sarah Ann 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, Female 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 Geo W. Simmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 5 21

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER James Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Belinda Murdoch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) _____

14. INFORMANT Geo W. Simmons
(Address) Bonville R.D.#

15. FILED 24 19 29 McAnily REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1929, to Feb. 17 1929, and that I last saw her alive on Feb. 17 1929, and that death occurred, on the date stated above, at 10:45 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Uremic Poisoning
121
1329

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

18. WHERE WAS DISEASE CONTRACTED operation by Dr Van Roonway previously to my call
I do not know what for.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 21

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis = albumin - buffy B.
(Signed) C. Maynard Browning, M.D.
, 19 (Address) 306 1/2 Main - Bonville.

*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 Walnut Grove Cem DATE OF BURIAL Feb. 19th 1929

20. UNDERTAKER Schwitzky Meister ADDRESS Bonville

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.

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