

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.

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

Do not use this space.

9857

1. PLACE OF DEATH

County Carroll
 Township
 City Carrollton (No.)

Registration District No. 135
 Primary Registration District No. 3034

File No.
 Registered No. 35
 St. Ward

2. FULL NAME

Ruby Lucille Simms
 (a) Residence. No. 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

F

4. COLOR OR RACE

W

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)

12-28-1925

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
3	3	2	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Carrollton Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Emmet Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Carroll Co.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Della F. Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Carroll Co.

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Emmet Simms
Carrollton Mo

15. FILED

4-1 1929 Mrs. E. E. Farnham REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

3-30 1929

17.

I HEREBY CERTIFY, That I attended deceased from Wed 27, 1929, to Wed 30, 1929
 that I last saw h. alive on Wed 30, 1929, and that death occurred, on the date stated above, at 7:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis - convolution

CONTRIBUTORY (SECONDARY)

1208
1/2 (duration) yrs. mos. 5 da.
measles
 (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Charles S. Smith, M. D.

411, 1929 (Address) Carrollton 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

Oak Hill

3-31 1929

20. UNDERTAKER

ADDRESS

Stanley

Carrollton

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