

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

Do not use this space.

20797

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001
(No. 509 Monroe)

File No. _____
Registered No. 703
St. _____ Ward _____

2. FULL NAME George Sims,

(a) Residence. No. 509 Monroe St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Laura Sims,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
83 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired,
(b) General nature of industry, business, or establishment in which employed (or employer) Cabinet Maker,
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Dodgeville,
(STATE OR COUNTRY) Wisconsin,

10. NAME OF FATHER George Sims,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,

12. MAIDEN NAME OF MOTHER Sarah Princo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,

14. INFORMANT Mrs. Geo. Sims
Address 509 Monroe Street.

15. FILED 1929 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from 5:30 _____, 1929, to _____, 19____, and that I last saw him alive on 5:30 _____, 1929, and that death occurred, on the date stated above, at 11:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Arteriosclerosis. Hypertension

74/3 unknown (duration) yrs. mos. ds.
CONTRIBUTORY Coronary Embolism
(SECONDARY) (duration) yrs. mos. 2 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 clinical findings
(Signed) Wesley H. Fournier, M. D.
6-3, 1929. (Address) Phys. + Surg. Bldg.

*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 Mount Mora Comotory DATE OF BURIAL June 5th 19 29

20. UNDERTAKER Heaton-Bigale & Bowman ADDRESS 319 S. 10 St.

by J. W. Trask. Funeral Home

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

JUN 4 1929
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10/1/79