

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Medicine
City Livingston (No. 509)

Registration District No. 509
Primary Registration District No. 5678

File No. 8 25183
Registered No. 8
St. 8 Ward 8

2. FULL NAME

(a) Residence. No. 1 St. 1 Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 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 Mento Simmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4-1875

7. AGE YEARS 53 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. 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) General Farming
(c) Name of employer Pickaway Co

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Simmons

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

12. MAIDEN NAME OF MOTHER Marion Leupner

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

14. INFORMANT Mrs B. G. Simmons
(Address) Wheeling Mo

15. FILED 8-5-29 REGISTRAR D. Hayes

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929 to July 31 1929, that I last saw him alive on July 14 1929, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer in mouth
(duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 43
(duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS microscopical

(Signed) W. H. Musgrave, M. D.

, 19 (Address) Wheeling

*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 Wheeling Mo DATE OF BURIAL Aug 2 1929
20. UNDERTAKER Frank Smiley ADDRESS Wheeling Mo

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.

