

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

Do not use this space.

27109

1. PLACE OF DEATH

County Butler
Township Black River
City Hendrickson (No.)

Registration District No. 91
Primary Registration District No. 5135

File No.
Registered No. 6
St. Ward)

2. FULL NAME F. H. Simmering

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

Length of residence in city or town where death occurred 24 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 19 29

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elisabeth Simmering

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1929, to Aug 22, 1929 that I last saw him alive on Aug 13, 1929, and that death occurred, on the date stated above, at 12:30 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 0

Chronic interstitial nephritis
131
931 (duration) 5 yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Evidence (duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 129th
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Herman Simmering

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS kidney
(Signed) J. M. Hancock, M. D.

12. MAIDEN NAME OF MOTHER Unknown

8-23, 1929 (Address) Poplar Bluff, Mo.

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

*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.

14. INFORMANT E. H. Simmering
(Address) Neelyville, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black River cemetery DATE OF BURIAL Aug. 23 1929

15. FILED 8-23-29 Anna G. Pigg REGISTRAR

20. UNDERTAKER A. W. Greer Poplar Bluff, Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

21
12
2
1

171
2
10

4