

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

Do not use this space.

33233

File No. _____
Registered No. 42 St. _____ (Ward)

1. PLACE OF DEATH
County Cedar Registration District No. 163
Township _____ Primary Registration District No. 4095
City Eldorado Springs St. _____ (Ward)

2. FULL NAME George 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-10-1845

7. AGE YEARS MONTHS DAY If LESS than 1 day, ____ hrs. or ____ min.
84 | 2 | 5

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) (Retired 22 yrs)
(c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-15-1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1929, to Oct 15, 1929, that I last saw him... alive on Oct 14, 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis

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CONTRIBUTORY (SECONDARY) 129a

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Jackson Simmons

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

12. MAIDEN NAME OF MOTHER Margaret Yoacum

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH... no. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J.W. Dawson, M. D.
15, 1929 (Address) Eldorado spgs.

*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 Mrs Geo Simmons
(Address) Eldorado Springs Mo

15. FILED 10-15-1929 J.W. Dawson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL holy cemetery DATE OF BURIAL 10/16 1929

20. UNDERTAKER Swinn-Siders Eldorado Springs Mo ADDRESS _____

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

20
23 1929

