

13336

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

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. Jennings Hospital)

File No.
Registered No. 123
St. Ward

2. FULL NAME

(a) Residence No. 712 1/2 Section 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-14-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 0 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Frank J. Simon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Randal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Frank J. Simon
(Address) 712 Section

15. FILED 5/13/30 G. E. Cousins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/28 19 30

17. I HEREBY CERTIFY, That I attended deceased from 4-10-30, 1930, to 4-28-30, 1930, that I last saw him, alive on 4-28-30, 1930 and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Symptomatic Leukemia
729 (duration) yrs. 6 mos. 4 ds.
CONTRIBUTORY (SECONDARY) 65W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical History

(Signed) V. C. Dultman, M.D.

, 19 (Address) Hannibal 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

Robinson Cem 4/30 19 30

20. UNDERTAKER ADDRESS

Geo E. Robert Hannibal

JUN 26 1930

