

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

Do not use this space.

Sh. Slurnett 15683

1. PLACE OF DEATH

County *Leopold*
Township *Lamine*
City (No.) (No.)

Registration District No. *217*
Primary Registration District No. *3308*

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. *Blackwater Mo.* 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 *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 28-1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
73 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Laborer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone County Mo*

10. NAME OF FATHER *Randell Sims*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
12. MAIDEN NAME OF MOTHER *A. C.*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

14. INFORMANT *Harrison Sims*
(Address) *Lamine Mo*

15. FILED *5-8-1930* *H. J. Bailey* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-9 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Mur* *8* 19*30*, to *May 8* 19*30* that I last saw h. alive on *May 6* 19*30* and that death occurred, on the date stated above, at *6 a m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis
131

(duration) yrs. *6* mos. ds.

CONTRIBUTORY (SECONDARY) *heart failure* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? *129 W*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *from Albuminuria*
(Signed) *J. R. Dumas* M. D.

, 19 (Address) *Blackwater 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
City Cemetery (Boonville) *May 9 1930*

20. UNDERTAKER ADDRESS
Goodman & Bolter Boonville

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.

