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

Do not use this space.

Dr. Edwards
2391
File No. 33
Registered No.

1. PLACE OF DEATH
County Pettis
Township Sedalia
City Sedalia (No.) Bothwell Memorial Hospital St. Ward)
Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Robert Smith Sims

(a) Residence. No. 415 W 6 St., 4 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. 2/ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 20 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Anna E Sims

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5 1854

7. AGE: Years 76 | Months 6 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Cigar Maker
(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): Miss

PARENTS

10. NAME OF FATHER: (17) Sims
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know.

14. INFORMANT: Parnell Sims
(Address) 415 W 6 Sedalia Mo

15. FILED 1-26, 1931 J. S. Lee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 24, 1931, that I last saw h. alive on 1/23/31, 19..., and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma bile duct
415 W 6

(duration) 1 yrs. 11 mos. 24 ds.

CONTRIBUTORY (SECONDARY): metastic
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Paul Edwards, M. D
, 19 (Address) 5th & Engineer Sedalia 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: Crown Hill Sedalia Mo
DATE OF BURIAL: Jan 24 1931

20. UNDERTAKER: Mc Laughlin Bros
ADDRESS: Sedalia 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD