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

Do not use this space.

4484

File No. 18

Registered No.

2-3 1937

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township Salisbury — Primary Registration District No. 3002
City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Martha Frances Sims

(a) Residence. No. 421 W. Jackson St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59.	3	25	

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

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

PARENTS

10. NAME OF FATHER Robert Humphreys
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Catherine Vaughn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe County
(STATE OR COUNTRY) Mo.

14. INFORMANT Robert R. Sims
(Address) Mexico Mo

15. FILED Feby 14 1937 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 13th 1937

17. I HEREBY CERTIFY, That I attended deceased from 2-3-37, 19..., to 2-13-37, 19..., that I last saw h... alive on 2-13-37, 19..., and that death occurred, on the date stated above, at noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
10 ds
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Myocardial degeneration
(duration) ... yrs. ... mos. ... ds.

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

(Signed) J. F. Hanson M. D
, 19 (Address) Mexico 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
Elmwood. Mexico Mo	Feb. 15 1937
20. UNDERTAKER H. A. Pruett & Son.	ADDRESS Mexico Mo

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

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.