MAR 25 1931

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

Do not use this space.

6015

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Ladena — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 826 Virginia Ave St. Ward)

2. FULL NAME Ada B Miller

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no Record

7. AGE 66 — YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER Lockwood Simpkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no Record 31
12. MAIDEN NAME OF MOTHER Barbara Norton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

14. INFORMANT Family (Address)

15. FILED 2/14/1931 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 13 1931 to Feb 12 1931 that I last saw her ~~alive~~ dead on Feb 13 1931, and that death occurred, on the date stated above, at 1 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 3 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 131
DID AN OPERATION PRECEDE DEATH? DATE OF 5
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lem Simmons, M. D.
2/13, 1931 (Address) Carmer, Jasper Co.

*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 Fairview — DATE OF BURIAL 2/13 31

20. UNDERTAKER Herbert Hood Co — ADDRESS Joplin

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.