

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

Do not use this space.

20485

1. PLACE OF DEATH

6 County Barton
Township Nashville
City _____ (No. _____)

Registration District No. 46
Primary Registration District No. 5069.

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Glenn Simmons

(a) Residence, No. _____ St., _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 251
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME W. H. Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Grace Senseny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT W. H. Simmons
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Cem DATE June 19 1931

19. UNDERTAKER Wester Bros
(ADDRESS) Wasson Mo

20. FILED June 18 1931 Gladys Overman Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

2 DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1931

22. I HEREBY CERTIFY, That I attended deceased from June 11 1931 to June 18 1931

I last saw him alive on June 7 1931 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Empyema
116A
110
Other contributory causes of importance: _____

Name of operation Drainage Date of May 10
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Lois Greer, M. D.
Lauren W.

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.

JUL 22 1931

