

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

Do not use this space.

22328-23

1. PLACE OF DEATH
 County Pemiscot Registration District No. 5872
 Township Virginia Primary Registration District No. 655
 City Stull (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME Willie Lee Simon
 (a) Residence No. St. 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. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-5-31
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Stull
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Willie Simon
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Antwerp
 (STATE OR COUNTRY) miss
 12. MAIDEN NAME OF MOTHER Mary Groves
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brenada
 (STATE OR COUNTRY) miss

14. INFORMANT Willie Simon
 (Address) Stull mo

15. FILED 7/1/31 Wm. F. Kelly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12-31
 17. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
"Prematurity"
155 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. —

19. DID AN OPERATION PRECEDE DEATH? — DATE OF —
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James P. Wickery, M. D.
 (Address) Braggsville

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holly grove DATE OF BURIAL 6-12-31

20. UNDERTAKER — ADDRESS —

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.

NOV 5 1931

WRITE PLAINLY, WITH OMPADING INITIALS (SEE FURNISHED RECORD)

