

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.

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

Do not use this space.

23975

1. PLACE OF BIRTH

County

Sullivan

Township

Taylors

City

Humphreys

(No. _____)

Registration District No.

851

Primary Registration District No.

6119

File No. _____

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

John Junior Sims

(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. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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)

July 9- 1921

7. AGE

YEARS

10

MONTHS

4

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer's son.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Sullivan Co Mo

FATHER

13. NAME

John Sims

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

Grundy Co Mo

MOTHER

15. MAIDEN NAME

Clara White

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

Sullivan Co Mo

17. INFORMANT (ADDRESS)

Jno Sims Humphreys Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Zion Cem. Humphreys Mo

DATE

July 1 1931

19. UNDERTAKER (ADDRESS)

A. C. Poyner & Sons Salt Mo

20. FILED

7-2

19

J. S. Sheet

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 30, 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 9:30 A. M.

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

Accidental injury
by rotary hoe.
Drawn by horses.

Date of onset

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury June 30, 1931

Where did injury occur? At East Heath farm.

Humphreys Mo Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on farm.

Manner of injury _____

Nature of injury Torn, bruised and lacerated

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. C. Pollock, M. D.

(Address) Pollock, Mo.

