

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.

AUG 26 1931

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

Do not use this space.

25503

1. PLACE OF DEATH

County Lafayette
Township Washington
City Ocala MO. (No.)

Registration District No. 464
Primary Registration District No. 5626

File No. 14
Registered No. 46
St. Ward

2. FULL NAME

(a) Residence, No. Mary Malinda Sims St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Steve Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 - 1890</u>		
7. AGE <u>40</u>	YEARS <u>11</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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) <u>Ocala MO.</u>		
13. NAME <u>Gro Sullivan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co MO.</u>		
15. MAIDEN NAME <u>Emma Kesterson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deer Creek</u>		
17. INFORMANT (ADDRESS) <u>Steve Sims</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord Cem</u> DATE <u>7/21</u> <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Blair & Sons</u> <u>Ocala MO.</u>		
20. FILED <u>7/28</u> <u>31</u> <u>R.C. Schooley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to July 21, 1931

I last saw him alive on July 21, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Other contributory causes of importance:
metastases to pelvis

Name of operation none Date of

What test confirmed diagnosis? Chemical 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 , 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) W. C. Martin, M. D.
(Address) Ocala MO

FEB 25 1950