

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.

36981

1. PLACE OF DEATH

County ButlerRegistration District No. 87Township BeareidamPrimary Registration District No. 5129City W. Harriell (No. _____)

File No. _____

Registered No. 21

St. _____ Ward _____

2. FULL NAME Mason Sims(a) Residence, No. Harriell Mo. RFD #1 Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ✓ (OR) WIFE OF <u>Francis Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 10 - 1855</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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) Ky13. NAME James Iny14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Unknown

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

17. INFORMANT James H. Sims (ADDRESS) Paplar Bluff Mo. RFD #118. BURIAL, CREMATION, OR REMOVAL PLACE King's Cem. DATE Nov 13, 193119. UNDERTAKER Dr. P. Phellor (ADDRESS) Paplar Bluff Mo.20. FILED Nov 12, 1931 M. M. Paul Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1931 to Nov. 10, 1931I last saw h. Nov. 10, 1931 alive on Nov. 10, 1931 Death is saidto have occurred on the date stated above, at 4:15 a.m.

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

Coronary Arteriosclerosis Date of issue 11/11/319561325162

Other contributory causes of importance:

Nephritis - AgeName of operation myel Date of _____What test confirmed diagnosis? 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 _____, 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) M. M. Paul, M. D.(Address) Harriell, Mo.

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