

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.

3469

PLACE OF DEATH

County Sullivan

Township Milam

City Milam

(No. ....)

Registration District No. 852

Primary Registration District No. 4518

File No. 2

Registered No. ....

St. .... Ward)

2. FULL NAME

Thelma Aldina 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 2 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED,

HUSBAND OF (OR) WIFE OF

Pink D. Sims

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

Feb. 14, 1897

7. AGE

YEARS

MONTHS

DAYS

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

34

10

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sullivan Co., Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

James H. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Morgan Co., Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Clara Cutzinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sullivan Co., Missouri

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Mrs. Clara White, Milam, Mo.

15.

FILED

1/28 32 Mrs. Haynes Caffee

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1932

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 10 6<sup>th</sup>, 1932, to Jan. 10, 11<sup>th</sup>, 1932, that I last saw him alive on Jan. 10, 11<sup>th</sup>, 1932, and that death occurred, on the date stated above, at 6-2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide - Lys poisoning (self-administered)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. W. Hickman, M. D.

Jan. 11, 1931 (Address) Milam - Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Beardstown Cem. Jan. 12 1932

20. UNDERTAKER

ADDRESS

C. A. Schoene Milam, Mo.

