

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

Do not use this space.

5082

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 5 Township _____ Primary Registration District No. 2020
 7 City Carthage (No. 1442, Case _____ St. _____ Ward _____)

2. FULL NAME Mary C. Simmons
 (a) Residence, No. 14213 S Hall W. 6th City Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alby C. Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Sheldon Mo. 1

MOTHER FATHER
 13. NAME Wm Forbes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
 15. MAIDEN NAME Salina Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. James Hicks
 (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Hope Center DATE 2-13, 1932

19. UNDERTAKER Ulmer - Drake
 (ADDRESS) Carthage Mo

20. FILED Feb 13, 1932 R. O. Ketcham
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Feb 11, 1932
 I last saw her alive on Feb 11, 1932. Death is said to have occurred on the date stated above, at 9:28 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1 yr
Chronic Nephritis 6 mos
Diabetes Mellitus 6 mo

Other contributory causes of importance: 59 131 131 930

Name of operation none Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? ✓

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) George H. Wood, M. D.
 (Address) 227 So. Main, Carthage Mo.

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.

MAR 23 1932

WHILE IN EFFECT WITH ON-AGING INK—THIS IS A PERMANENT RECORD

