

MAR 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5847

1. PLACE OF DEATH

92 County St. Charles
 Township Boonville
 City Boonville (No. 1)

Registration District No. 1175
 Primary Registration District No. 5999

File No. 1
 Registered No. 5
 St. Boonville Ward 1

2. FULL NAME

(a) Residence. No. 1 St. Boonville Ward. 1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OR (OR) WIFE OF Chauncy Abbingdon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1885

7. AGE YEARS 46 MONTHS 8 DAYS 24 If LESS than 1 day, 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Louis Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ellen Simms

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Mo.

14. INFORMANT Emma Sanders
 (Address) Wentworth Mo.

15. FILED 2/15, 1932 W. C. Caldwell
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9th 1932

17. I HEREBY CERTIFY That I attended deceased Feb. 9th 1932
 that I last saw him alive on Feb. 9th 1932 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11B (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 11B (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. S. Clarendon, M. D.

2/10, 1932 (Address) Wright City 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 Hopewell Mo
 DATE OF BURIAL Feb 14 1932

20. UNDERTAKER T. C. Pitman
 ADDRESS Wentworth Mo.

