

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

Do not use this space.

11625

3

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF BIRTH

10 County Bonne
Township Bador
City Huntsburg (No. _____)

Registration District No. 76
Primary Registration District No. 5110 B

2. FULL NAME

Rebecca Jane Sims
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 J. T. Sims

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26-1869

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
62 4 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Griffin

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

12. MAIDEN NAME OF MOTHER Jane Rush

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

14.

INFORMANT J. T. Sims
(Address) Huntsburg Mo

15.

FILED 5/7/9 1932 H. A. Griemeyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1932

17. I HEREBY CERTIFY, That I attended deceased from 1920
....., 19....., to 1932
that I last saw him alive on 4/16, 19....., and that
death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of
23A lungs (duration) 14 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 23
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS symptoms
(Signed) C. P. Megee, M. D.
. 19 (Address) Huntsburg

*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

Goshen DATE OF BURIAL 4/22 1932

20. UNDERTAKER Ashland Undert Co Ashland
ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1934

