

MAY 23 1932

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

Do not use this space.

11628

1. PLACE OF DEATH

10

County Burns
Township Burns
City Burns

Registration District No. 79
Primary Registration District No. 5116

File No. 12
Registered No.
St. Ward

2. FULL NAME

Sollie Sims
(a) Residence 6 mi. S. Sturgeon, Burns Co.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Clara Sims

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-20-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 0 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Burns Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Squire Sims

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

12. MAIDEN NAME OF MOTHER Belle Bryant

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

14. INFORMANT E. J. Matthews
(Address) Sturgeon Mo.

15. FILED 4-15-1932 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-15-1932

17. I HEREBY CERTIFY, That I attended deceased from 4-15-1932 to 4-15-1932, that I last saw him alive on 4-15-1932, and that death occurred, on the date stated above, at 5:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot - wound
self inflicted
suicide
167/60 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 6 mi. S. Sturgeon
his home

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. H. Davis, Coroner M.D.

4-15-1932 (Address) Columbia 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

Union County 4/16 1932

20. UNDERTAKER ADDRESS

Sims & Burns Sturgeon Mo.

