

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

Do not use this space.

16838

68 1. PLACE OF DEATH
 County Moniteau Registration District No. ~~1095~~
 Township Prosper Primary Registration District No. 1095
 City Clarksburg Mo. St. Mo. Ward 4 3 35
 2. FULL NAME Henry Norman Simmers
 (a) Residence, No. Clarksburg Mo. St. Mo. Ward 4 3 35
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Simmers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 0 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Cooper County Mo.
 MOTHER 13. NAME James Simmers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 15. MAIDEN NAME Sarah M. Walls
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.
 17. INFORMANT Mrs Sarah M. Simmers (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg Mo. DATE May 9 1932
 19. UNDERTAKER James W. Smith (ADDRESS) Clarksburg Mo.
 20. FILED 5-10 1932 G. E. Maitin Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 7 1932
 22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to May 7 1932
 I last saw him alive on May 7 1932 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Accident - fracture Date of onset
bone of skull
broken
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? No
 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 Collision
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) James W. Smith, M. D.
 (Address) Clarksburg 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.

MAY 26 1932

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau Registration District No. 1099
 Township Clarksville Primary Registration District No. H 335
 City Clarksville (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

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

Resident - Fractured skull

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

auto accident. Hit by train on Clarksville

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: Moniteau Co. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

206 202

13. NAME

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED 5-10 1932 J. C. Mat Registrar

(Signed) _____, M. D.

(Address) _____

N. R. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS, state cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-16838