

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

Do not use this space.

20204

1. PLACE OF DEATH

County MONROE
Township JEFFERSON
City (No.) St. Ward

Registration District No. 927
Primary Registration District No. 5781B

File No.
Registered No.

2. FULL NAME JOHN W. SIMS

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 39 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 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 EVA SIMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 14

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. 22
10. Date deceased last worked at this occupation (month and year) JAN. 1932
11. Total time (years) spent in this occupation 10 LIFE

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

13. NAME HENRY C. SIMS

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

15. MAIDEN NAME MARGYET CAUTHORN

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

17. INFORMANT (ADDRESS) Henry Sims
STOUTSVILLE, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE, STOUTSVILLE MO. DATE JUN 30 1932

19. UNDERTAKER (ADDRESS) Sped & Blakey
PARIS, MO

20. FILED JUN 29 1932 by Mrs A. W. Rouman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUN 29 1932, 19...

22. I HEREBY CERTIFY, That attended deceased from June 17 1932, to June 19 1932.
I last saw him alive on June 19, 1932. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

Tubercular
Recurrent with
effusion
Other contributory causes of importance: 3 1

Name of operation Thoracotomy Date of June 19 1932
What test confirmed diagnosis? Pus 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. C. Payne, M. D.
(Address) PARIS, 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.

JUN 26 1932

OCCUPATION FATHER MOTHER

Dear Mr. [Name]

I have received your letter of the 15th and am sorry that I cannot reply to you more quickly.

The matter is being considered and I will let you know as soon as a decision has been reached.

Very truly yours,
[Signature]

[Name]
[Address]

[City, State, Zip]

[Phone Number]

[Additional Information]

[Closing Remarks]