Wn, R.

Do not use this space.

20390

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

1. PLACE OF DEATH

78 County Pemiscot

3 Township Cooter

1 City " (No. ..... St. ..... Ward)

Registration District No. 656

Primary Registration District No. 5873

File No. .....

Registered No. 14.

2. FULL NAME Robert Simmons Jr.

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

AUG 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m

4. COLOR OR RACE: col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1931

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	2	5	—

OCCUPATION

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

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) Carrithersville Mo

FATHER

13. NAME Robert Simmons

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

MOTHER

15. MAIDEN NAME Ruby Jones

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

17. INFORMANT (ADDRESS) Robert Simmons Steele Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Matthias DATE 6-17 1932

19. UNDERTAKER (ADDRESS) —

20. FILED Aug 9 1932 W. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1932

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6-30 a.m.

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

	Date of onset
Cellitis	
1193 119	

Other contributory causes of importance: (1)

Name of operation ..... Date of .....

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

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? .....

If so, specify .....

(Signed) J. N. Robertson, M. D.

(Address) Steele 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.

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