

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 24 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21792[#]

1. PLACE OF DEATH

County Wayne
 Township Cedar Creek
 City (No.)

Registration District No. 893
 Primary Registration District No. 6195a

File No.
 Registered No. St. Ward

2. FULL NAME

John L. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-25-1852</u>		
7. AGE <u>79</u>	YEARS <u>8</u>	MONTHS <u>22</u>
11. Total time (years) spent in this occupation <u> </u>		IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>

FATHER	13. NAME <u>Drew Sims</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>

MOTHER	15. MAIDEN NAME <u> </u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>

17. INFORMANT (ADDRESS) <u>Walter Sims</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Pleasant</u> DATE <u>6/18</u> , 19 <u>32</u>
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19. UNDERTAKER (ADDRESS) <u>Wm. Carter</u> <u> </u>
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20. FILED <u>6/18</u> , 19 <u>32</u> <u>J. F. Gaudin</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 17, 1932
 I last saw him alive on June 15, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

Paralytic stroke
82A
82A

Date of onset

Other contributory causes of importance:

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) , M. D.
 (Address) Greenville, Mo.

