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

Do not use this space.

31922

File No. .....

Registered No. .....

36 7 2

**1. PLACE OF DEATH**

County Franklin Registration District No. 29

Township ..... Primary Registration District No. 4180

City Union. (No. ....., ..... St. ..... Ward)

**2. FULL NAME** William. Anvil. Simmons

(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.

NOV 23 1932

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 6 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| --- | 9 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Union, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Anvil Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Cora C. Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brunswick, (STATE OR COUNTRY) Illinois.

14. INFORMANT Anvil Simons
(Address) Union, Missouri.

15. FILED Oct. 3, 1932 E. A. Hierberger
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Oct. 2, 1932, that I last saw h. alive on Oct 1, 1932, and that death occurred, on the date stated above, at 1:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

158

119 lb

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gastroenteritis

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Hm. Denny M. D.

, 19 (Address) Union 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
Union Cemetery
Union, Missouri.

DATE OF BURIAL Oct 3 1932

20. UNDERTAKER Union Furiture Co.
ADDRESS Union Mo.
By Chas. H. Horn