

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.

NOV 29 1932

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

Do not use this space.

34476

1. PLACE OF DEATH
103 County Standard
Township Cato
City Standard (No. 837)
Registration District No. 6099
Primary Registration District No. 6099
File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Laura J. Sims
(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

3. SEX <u>F</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>Rev. J. B. Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30, 1875</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>6</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2365</u>		
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) <u>Carnett 1</u>		
13. NAME <u>William R. Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Jane Fox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Rev. J. B. Sims</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Nov 10-28</u>		
19. UNDERTAKER <u>J. A. Blythe & Co</u>		
20. <u>Nov 26</u> 19 <u>32</u> <u>Edw. Ford</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Oct 25, 1932
I last saw him alive on Oct 25, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia (Date of onset 107A)
97 107A
Other contributory causes of importance:
Arterio Sclerosis (Date of onset 1)

Name of operation Chloroform 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Edward Ford M. D.
(Address) Blancfield

