

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.

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

Do not use this space.

35439

1. PLACE OF DEATH *Greene*
County *Greene* Registration District No. *318*
Township *Campbell* Primary Registration District No. *2001*
City *Springfield* (No. *1045 N. Sherman*) St. *825-* Ward)

2. FULL NAME *Lucy Sims*
(a) Residence, No. *1045 N. Sherman* AGE *14 1/4* Ward. (If nonresident, give city or town and State)
(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 *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11/29/1912*

7. AGE YEARS *81* MONTHS *—* DAYS *—* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Servant*

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) *Virginia* 2

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown* 31

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Charles Sims*
(ADDRESS) *Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *So. Hazelwood* DATE *NOV '29* 1932

19. UNDERTAKER *Campbell and Co*
(ADDRESS) *869 Washington Ave*

20. FILED *11-28* 1932 *Ralph W. Langston*
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 26* 1932

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him *dead* *Nov 27* 1932. Death is said to have occurred on the date stated above, at *6 P.m.*
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset *11/29/32*
108
112 / *08*
No Physician in attendance
Other contributory causes of importance:
Asthma ⑤

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Henry C. Stone, Crown* M. D.
(Address) *Springfield, Mo.*

