

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.

JAN 21 1933

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

Do not use this space.

Dr. Jackson,

38262

File No. 38262
Registered No. 148
St. Ward)

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Salt River Primary Registration District No. 3002
City Mexico Mo (No.) St. Ward)

2. FULL NAME

Barbara Elizabeth Sims
(a) Residence. No. 425 N. Washington St. Ward. 1st
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Widow of Prof. J. P. Sims

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9th, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Boarding house keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wood House R. 7, D.
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Jas. G. Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) White Hall
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Mary Gilmore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lola Gilmore
(Address) Mexico Mo. R. 7, D. 5

15. FILED Dec 21, 1932 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 19, 1932, that I last saw him alive on Dec 19, 1932, and that death occurred, on the date stated above, at 5:15 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Lobar
(duration) 100 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? Y DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. F. Jackson, M. D.
, 19 (Address) Mexico 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 DATE OF BURIAL
Mexico Mo Cemetery Dec 21 - 1932

20. UNDERTAKER ADDRESS
McPheeters Bros - Mexico Mo

