

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.

Sanborn or Kelly
38277
File No. _____
Registered No. *150*
St. _____ Ward _____

1. PLACE OF DEATH

County *Andrew* Registration District No. *26*
Township *Salt River* Primary Registration District No. *5034*
City *Mexico R.F.D.* (No. _____) St. _____ Ward _____

2. FULL NAME

Lucinda Frances Sims
(a) Residence. No. *Mexico Mo. R.F.D.* 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 *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 Orris B. Sims*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 6 - 1843*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired Home maker*
(b) General nature of industry, business, or establishment in which employed (or employer) *Lived with children*
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Boone Co. Mo.*

PARENTS

10. NAME OF FATHER *John Maxwell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

12. MAIDEN NAME OF MOTHER *Jane Anderson*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

14.

INFORMANT *Mrs Victor Waynes*
(Address) *Mexico Mo. R.F.D.*

15.

Dec 24, 1932 *Eva S. Milligan*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 23rd* 193*2*

17. I HEREBY CERTIFY, That I attended deceased from *12-17-32* to *12-23-32*, 1932 that I last saw him alive on *12-17-32*, and that death occurred, on the date stated above, at *7-A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
10712
12 24 (duration) yrs. mos. ds.
CONTRIBUTORY *Semilit*, *Semilit*
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. P. Hamilton* M. D.
, 19 *1932* (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

Colwood-Mexico Mo. *Dec 24 - 1932*

20. UNDERTAKER

ADDRESS

McPheters Bros. *Mexico Mo*

