WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

40637

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 3
Township Mason — Primary Registration District No. 3029 — Registered No. 360
City Hannibal (No. 1810, Hope St. 6th Ward)

2. FULL NAME Mary F. Simms
(a) Residence, No. 1810 Hope St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Ira L. Simms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 18, 1875

7. AGE: YEARS 57 — MONTHS 10 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 275
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): x Ralls Co. Missouri

FATHER
13. NAME: Harvey M. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x Ralls Co. Missouri

MOTHER
15. MAIDEN NAME: Luella Trwitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x Macon Co. Missouri

17. INFORMANT (ADDRESS): Ira L. Simms I Husband 1810 Hope St, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet DATE: Dec. 5, 1932

19. UNDERTAKER (ADDRESS): Wm M Smith 902 Bdwy. Hannibal, Mo.

20. FILED: Dec 6, 1932 C E Clousen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1932, to 12-3, 1932
I last saw her alive on 12-3, 1932. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Jan 1932
46B 46B	

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of 5-27-32
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) Howard B Goodrich, M. D.
(Address) Hannibal, Mo.