

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. 714)

Registration District No. 735
Primary Registration District No. 3034
W. Rollins

File No. 8900
Registered No. 38
St. _____ Ward)

2. FULL NAME

Jemie M. Simmons
(a) Residence. No. 714 W. Rollins St., _____ Ward.

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dempsey Simmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 4 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pa

10. NAME OF FATHER George Metcalf

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. Albert Osumbo
(Address) Moberly, Mo.

15. FILED 2-20-1933 Thos S. Fleming
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19th 1933

17. I HEREBY CERTIFY That I attended deceased from Jan. 14 - 1933 to Feb. 19 - 1933
that I last saw him alive on Feb. 19 - 1933, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Interstitial Nephritis

12 1/2 / 31 (duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical & Lab.

(Signed) R. E. Huber, M. D.

2-20-1933 (Address) Moberly, 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 Moberly Mo DATE OF BURIAL Feb 21 1933

20. UNDERTAKER Mahan and Son ADDRESS Moberly Mo

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.

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THIS IS A PERMANENT RECORD

