

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

Do not use this space

9901

APR 22 1933

1. PLACE OF DEATH  
 County Jackson Registration District No. 400  
 Township Maize Primary Registration District No. 4235  
 City Bees Summit (No. Bees Summit Hospital) St. 415 Ward)

2. FULL NAME Margaret Eleanor Simmons  
 (a) Residence, No. Bees Summit, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>31</u>	<u>8</u>	<u>4</u>	

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.

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) Leroo, Utah

13. NAME A. P. Larson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uuk, Sweden

15. MAIDEN NAME Margaret Larson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uuk, Denmark

17. INFORMANT Miss Plo Larson (ADDRESS) Bees Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bees Summit, Mo. DATE March 3, 33

19. UNDERTAKER Fields - James (ADDRESS) Bees Summit, Mo.

20. FILED March 3, 33 William J. Fields Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928 to March 1st, 1933

I last saw her alive on March 1st, 1933 Death is said to have occurred on the date stated above, at 7 P.M. m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset Oct 20, 1928

Other contributory causes of importance None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None (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) J. H. Rossdale M. D.  
 (Address) Bees Summit, Mo.

