

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 APR 22 1933
 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.

1. PLACE OF DEATH
 County Linn Registration District No. 499
 Township Clay Primary Registration District No. 5664
 City (No.) St. Ward

2. FULL NAME Nellie Gertrude Simmons
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10214

File No.
Registered No. 3
St. Ward

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 Russell Simmons
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 20
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 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) Bedford, Mo.
 13. NAME John Plaster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Rosetta McGracken
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Missouri
 17. INFORMANT (ADDRESS) Mrs. A. Youngs, Wellington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo. DATE March 15-33
 19. UNDERTAKER (ADDRESS) Frank L. Surlley, Wellington, Mo.
 20. FILED 3-14-33 Dean, Wellington, Mo. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to Mar 13, 1933.
 I last saw alive on Mar 13, 1933. Death is said to have occurred on the date stated above, at 7-P m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Infarct following child birth
15th
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? none 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) W. H. McQuinn, M. D.
 (Address) Wellington, Mo.

Date of onset Feb 23 1933

