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.

APR 24 1933

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

Do not use this space.

10334

1. PLACE OF DEATH

64 County Marion Registration District No. 551

Township Round Grove Primary Registration District No. 5744

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Martha E. Simmons

(a) Residence, No. ..... 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1861

7. AGE YEARS 71 MONTHS 7 DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Johnson Co. Iowa.

FATHER

13. NAME Noel F. Harrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Iowa.

MOTHER

15. MAIDEN NAME Harrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa City Iowa

17. INFORMANT (ADDRESS) Mrs. Turner Bethel. Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Emden DATE 3-14 1933

19. UNDERTAKER (ADDRESS) B. M. Allen Philadelphia Mo.

20. FILED 3, 18 1933 J. M. Crebs Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 12, 1933

I last saw her alive on March 11, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

930

97 934

Date of onset

Other contributory causes of importance:

Arteriosclerosis (age 71)

Name of operation ..... 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? ..... 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) F. H. Wolfe, M. D.

(Address) Palmyra