

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

Do not use this space.

15083

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4505th West Papin St.)

File No.....
Registered No. 3609
St..... Ward.....

2. FULL NAME

Thomas H. Simms
(a) Residence, No. 4505th West Papin St., 18 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Simms</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21-1849</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	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) <u>Kentucky</u>		
MOTHER FATHER	13. NAME <u>Thomas Simms</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Emeline Shively</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Frances Simms</u> (ADDRESS) <u>4505th West Papin St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin, Mo.</u> DATE <u>April 21st</u> 19 <u>33</u>		
19. UNDERTAKER <u>Arthur J. D. Amey, Inc. Co.</u> (ADDRESS) <u>8440 N. Grand St. St. Louis, Mo.</u>		
20. FILED <u>APR 21 1933</u> 19 <u>33</u> <u>May C. Standen</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13 - 1933, to 4-20 1933
I last saw him alive on 4-20 - 1933 Death is said to have occurred on the date stated above, at 2⁴⁵ p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic myocarditis
Chronic nephritis

Other contributory causes of importance: Senility

Name of operation none Date of.....
What test confirmed diagnosis? Routine 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 John B. O'Neil, M. D.
(Signed) John B. O'Neil
(Address) 330 Miss. Club Bldg.

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.

