

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.

JUN 20 1933

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

Do not use this space.

15633

1. PLACE OF DEATH

4 County Andrain
Township Wilson
City _____ (No. _____)

Registration District No. 951
Primary Registration District No. 5027C

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Mary Frances Sims
(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. O. Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3rd 1865</u>		
7. AGE <u>68</u>	YEARS <u>0</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrain, Co., Mo.</u>		
13. NAME <u>James A. Turner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrain, Co., Mo.</u>		
15. MAIDEN NAME <u>Lillie Sheek</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrain Co Mo</u>		
17. INFORMANT <u>J. O. Sims</u> (ADDRESS) <u>Thompson 710 R</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Salter's Church Cem</u> DATE <u>May 25 1933</u>		
19. UNDERTAKER <u>M. J. McDonald</u> (ADDRESS) <u>Centralia, Mo.</u>		
20. FILED <u>5/25 1933</u> <u>M. J. McDonald</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 - 1933 to May 24 1933
I last saw her alive on May 23rd, 1933. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
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Other contributory causes of importance:
Bright's disease About 1920

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? _____
If so, specify _____
(Signed) St. Vassmer, M. D.
(Address) Centralia, Mo.

