

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.

22864

1. PLACE OF DEATH

County MonroeRegistration District No. 318

File No.

Township SpringfieldPrimary Registration District No. 2001Registered No. 515City Springfield (No. 1612 W Chestnut)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1612 W Chestnut

Ward _____

(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

Male

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 OFMargaretta Sims

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

Jan 12 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.78523

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)

South Carolina

FATHER

13. NAME

Daniel Sims

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Burgess

MOTHER

15. MAIDEN NAME

Easter Ward

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina

17. INFORMANT

(ADDRESS)

Mrs John Sims
1612 W Chestnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alpena Pass, Ark.

DATE

7-3

1933

19. UNDERTAKER

(ADDRESS)

Therman L. Hume
Springfield, Mo.

20. FILED

7-5

1933

Ralph W. Langston

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 5, 1933

22. I HEREBY CERTIFY That I attended deceased from

July 2, 1933 to July 5, 1933I last saw him alive on July 5, 1933 Death is saidto have occurred on the date stated above, at 1:15 p.m.

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

Multiple Infarctions ArteriosclerosisMyocardial RegenerationDate of onset 1932

Other contributory causes of importance:

93C57A93CName 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? _____ 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) E. Lloyd Garrison, M. D.(Address) 214 70 Jefferson

