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.

OCT 20 1933

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

Do not use this space.

29362

1. PLACE OF DEATH
39 County Greene Registration District No. 318 File No.
3 Township Primary Registration District No. 3001 Registered No. 672a
5 City Springfield (No. 727, E Dale St. Ward)

2. FULL NAME Martha Ann Sims

(a) Residence, No. 727 E. Dale St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of R. O. Sims

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1848

7. AGE: YEARS 85 MONTHS 2 DAYS 27 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.
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): Sarcoxie, Mo.

FATHER
13. NAME: Rufus K. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ind.

MOTHER
15. MAIDEN NAME: Lydia Terril
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Mabel Brookers (ADDRESS) 727 E Dale Spfd Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdy, Mo. DATE Sept. 21, 1933

19. UNDERTAKER: F. C. Thieme (ADDRESS) Springfield Mo

20. FILED 9-21 1933 Ralph W. Laughlin Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1933, to 9/19, 1920

I last saw her alive on 9/19 1933. Death is said to have occurred on the date stated above, at 9 pm.

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

Senility 9/10/31

188
190
162
180

8

Other contributory causes of importance: Fracture Hip result of attempt to get out of bed at home 9/13/33

Name of operation None 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? No 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. In home
Manner of injury Fracture of Hip
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. J. Freeman M. D.
(Address) Springfield Mo

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