

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

Do not use this space.

32004

1. PLACE OF DEATH

County Harrison
Township Wash
City Heward (No. _____ St. _____ Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 195

2. FULL NAME Alice Jeanette Simon

(a) Residence, No. Springfield Mo. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Simon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK. 1888

7. AGE YEARS 45 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Chicago Ill.

13. NAME Mello Dearen barch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Sophia Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

17. INFORMANT (ADDRESS) Asperwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE Sept. 6 1933

19. UNDERTAKER (ADDRESS) Frank Beckinger

20. FILED 9-14 1933 E. R. Ring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1933 to Sept 5 1933
I last saw him alive on Sept 5 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:

Streptococcus Septicemia Date of onset Sept 5

36 36

Other contributory causes of importance: Infection of the toe 8/24/33

Name of operation _____ Date of _____

What test confirmed diagnosis? Cultural 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? _____ If so, specify _____

(Signed) J. L. Martine M. D.

(Address) Heward Mo.

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 important.

1933
OCT 20

1933
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V.S. No. 2

MAF IN RESERVED FOR BINDING

