

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.

32203

1. PLACE OF DEATH

County BooneRegistration District No. 75Township PerchePrimary Registration District No. 5-114City Leola (No. 1)St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Leola Jackson SimsSt. Mo.Ward 1

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

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

Married

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

Oct-12-1894

7. AGE

YEARS

MONTHS

DAYS

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

431124

OCCUPATION

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

Farmer

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)

Missouri

FATHER

13. NAME

M. G. Sims

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

Missouri

MOTHER

15. MAIDEN NAME

Ellen Pugh

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. J. Sims

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harrisburg, Mo.Oct-81933

19. UNDERTAKER (ADDRESS)

Sims & BarnesLeola, Mo.

20. FILED

11-101933Mrs. H. Gullett

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct-6193322. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Oct 6, 1933I last saw him alive on Oct 6, 1933. Death is saidto have occurred on the date stated above, at, 10 a.

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

para. (Pneumonia)

Date of onset

Sept24-3370Oct6-33

Other contributory causes of importance

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) J. Gullett

M. D.

(Address) Harrisburg, Mo.

