

NOV 10 1933

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

Do not use this space.

32805

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City

Springfield at St. John's Hospital

File No.

Registered No. 759a

St.

Ward

2. FULL NAME

Luke Sims

(a) Residence, No.

815 Mo.

St.

Ward.

(Usual place of abode)

(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 OF

Cynthia Sims

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

Nov. 29-1852

7. AGE

YEARS

80

MONTHS

11

DAYS

0

If LESS than 1 day, hrs. or min.

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

13. NAME

Thomas Sims

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

unknown

15. MAIDEN NAME

Mary Tatum

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

unknown

17. INFORMANT (ADDRESS)

Elmina Crumpley 815 Missouri, Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highlandville cem.

DATE Oct. 31-1933

19. UNDERTAKER (ADDRESS)

J. W. Maples Cleveland - Missouri

20. FILED

10-31-1933 R. W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 29-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Oct 29, 1933

I last saw him alive on Oct 29, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

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

Date of onset

Carcinoma of Prostate

5101A SA 51

Other contributory causes of importance

Broncho-Pneumonia Acute urinary Retention

Name of operation Suprapubic Cystostomy Date of 10/28/33

What test confirmed diagnosis? Exam. 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? no

If so, specify

(Signed) Georagy Brown, M. D.

(Address) 447 Holland Bldg Springfield Mo

FOR THE OFFICE OF THE
DIRECTOR OF THE FBI