

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.

1. PLACE OF DEATH

County North  
Township Witchell  
City Great City (No. 113)

Registration District No. 903  
Primary Registration District No. 6212

38971  
File No. 98  
Registered No. 98  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sella Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 12 1869</u>		
7. AGE <u>64</u>	YEARS <u>10</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		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) <u>August, 1933</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Isadora, Mo.</u>		
13. NAME <u>Jonathan G. Simmons</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joe, Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joe, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Stanley Simmons</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin City, Mo.</u> DATE <u>Apr. 23, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Duffee</u> <u>Franklin City, Mo.</u>		
20. FILED <u>Nov 23 1935</u> <u>John Andrews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to Nov. 3, 1933

I last saw him alive on Nov. 21, 1933 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver Date of onset Sept. 1932

Other contributory causes of importance:  
46E

Name of operation ✓ Date of ✓

What test confirmed diagnosis? X-Ray 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 ✓, 1933  
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) P. J. R. R. M. D.  
(Address) Franklin City, Mo.

