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.

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

Do not use this space.

42254

JAN 26 1934

1. PLACE OF DEATH
County Schuyler Registration District No. 802
Township Independence Primary Registration District No. 6047
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME Henry Miles Simmons
(a) Residence. No. 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): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1864

7. AGE: YEARS 69 | MONTHS 6 | DAYS 14 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Henry S Simmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Hulda Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mary E Simmons
(Address) Downing 140

15. FILED 12 12 1933 J B Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1933

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to Oct 31 , 1933 that I last saw him alive on Oct 31 , 1933 and that death occurred, on the date stated above, at 3:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease 92A
132A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? False
(Signed) F. V. DeVeney DD
12/12 1933 (Address) Downing, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Brushy Cem
DATE OF BURIAL: Dec 12 1933

20. UNDERTAKER: Dee Riley
ADDRESS: Kirksville