EB 27 193

W[illegible]E PLAIN[illegible]WITH UNFADING INK--THIS IS A PER[illegible]NENT R[illegible]RD

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.

File No. 217
Registered No. 63

1. PLACE OF DEATH
County Buchanan Registration District No. 51
Township Primary Registration District No.
City St. Joseph, (No. 509 Monroe St. Ward)

2. FULL NAME Laura Alice Sims,
(a) Residence, No. 509 Monroe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	77	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) January 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stewartsville,
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Robert Edwards,
14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

17. INFORMANT Mrs J. E. Henry
(ADDRESS) 509 Monroe Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora cem DATE Jan. 17th 1934

19. UNDERTAKER Heaton-BeGole & Bowman
(ADDRESS) 319 S. 10th St. Funeral Home

20. FILED JAN 15 1934 John R. Bender Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933, to Jan 15, 1934
I last saw her alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Jan 11-1934
Other contributory causes of importance:	
Lobar Pneumonia	12/14/33

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Name of operation Date of
What test confirmed diagnosis? Clinical 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) Leon Beck, M. D.
(Address) St Joseph, Mo