

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

Do not use this space.

1850

1. PLACE OF DEATH

County Macon
Township Eagle
City Macon (No. 533)

Registration District No. 533
Primary Registration District No. 5714

File No. 10
Registered No. 10 Ward

2. FULL NAME Mahala Sims

(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 F 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 MA Sims
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1864
7. AGE YEARS 69 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Canada
(STATE OR COUNTRY)

13. NAME J B Scott
14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

15. MAIDEN NAME Janet Work
16. BIRTHPLACE (CITY OR TOWN) Scotland
(STATE OR COUNTRY)

17. INFORMANT MA Sims
(ADDRESS) MA Macon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Jan 25 1934

19. UNDERTAKER Callout SKBurg
(ADDRESS) Macon Mo

20. FILED 410, 1934 Dr. R. E. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - 10 -, 1933, to Jan - 23, 1934

I last saw him alive on Jan - 23 -, 1934. Death is said to have occurred on the date stated above, at 11 a m.

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

Myocardial Degeneration Date of onset

93

Other contributory causes of importance:

Chronic Arteriosclerosis - Hemiplegia
Tuberculosis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

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) A L Canham, M. D.
(Address) Macon - Mo

