

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Polk  
Township  
City Humansville (No. \_\_\_\_\_)

Registration District No. 703  
Primary Registration District No. 5-9-3-2

File No. 6105

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Helen Charlene Simmons

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>←</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 - 34</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	

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

13. NAME Quilis M. Simmons

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

15. MAIDEN NAME Rhoads Jane Miller

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

17. INFORMANT C. M. Simmons  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Antioch DATE Feb 19 1934

19. UNDERTAKER  
(ADDRESS)

20. FILED 3/1 1934 Edna P. Bowman  
Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to Feb 18, 1934

I last saw her alive on Feb 17, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

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

161D  
Septic  
3  
3  
ble  
Other contributory causes of importance: \_\_\_\_\_

Date of onset  
Feb 12  
1934

Name of operation none 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 \_\_\_\_\_

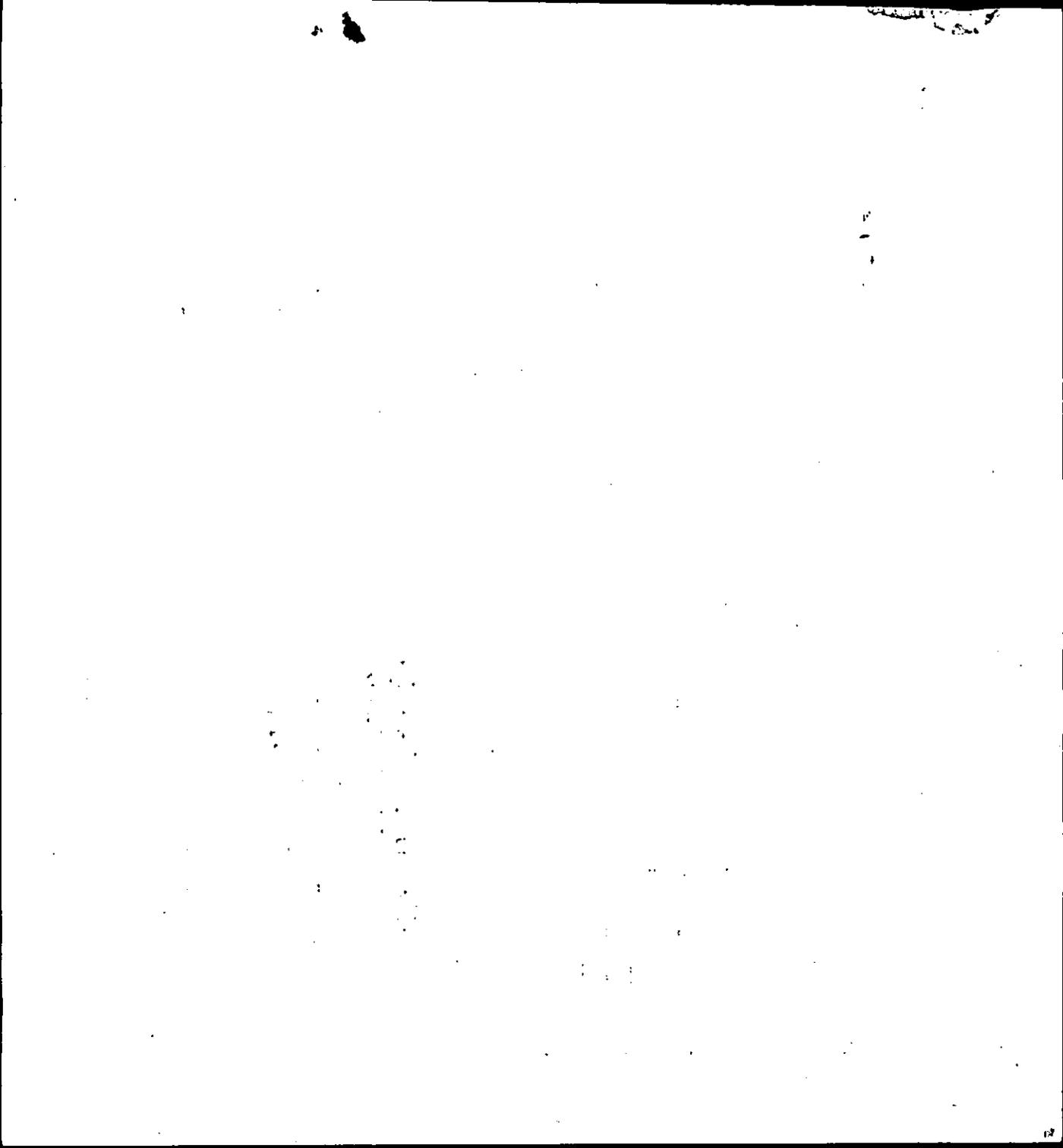
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
(Signed) R. O. Newine, M. D.

(Address) Humansville Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

6105

1. PLACE OF DEATH *Park*  
 County.....  
 Registration District No. *703*  
 Township.....  
 Primary Registration District No. *4424*  
 City *St. Louis*.....  
 St. .... Ward.....  
 2. FULL NAME *Helen C. Simmons*  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX.....  
 4. COLOR OR RACE.....  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*).....  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 12 - 1934*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 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).....  
 13. NAME.....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....  
 15. MAIDEN NAME.....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....  
 17. INFORMANT (ADDRESS).....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....  
 19. UNDERTAKER (ADDRESS).....  
 20. FILED *3/1* 19*34* *Ora M. Rich* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18* 19*34*  
 22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h. .... alive on ..... 19..... Death is said to have occurred on the ..... m. above, at.....  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset  
*Septic - infantile*  
*sepsis due to mother*  
*having puerperal*  
*septicemia*  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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..... 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?.....  
 If so, specify.....  
 (Signed)....., M. D.  
 (Address).....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-6105