

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.

APR 25 1934

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

Do not use this space.

11615

1. PLACE OF DEATH

County Stoddard  
Township Old  
City Stoddard (No. 103)

Registration District No. 836  
Primary Registration District No. 6100

File No. 22  
Registered No. 25  
St. Stoddard Ward 1

2. FULL NAME

(a) Residence, No. Priscilla Sims St. Stoddard Ward 1

(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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 - month & day not known

7. AGE YEARS 59 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wf  
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) S. C.

13. NAME Robert Bechum

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

15. MAIDEN NAME Amy ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

17. INFORMANT Robert Sims (ADDRESS) Stoddard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoddard, Mo. DATE 3-28 1934

19. UNDERTAKER None (ADDRESS)

20. FILED 4-18 1934 Wilmae Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Mar 27 1934

I last saw him alive on Aug 1933 Death is said to have occurred on the date stated above, at 5 9 m.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Name of operation Cerebral Date of no  
What test confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) Dr. Wm. Sims M. D.  
(Address) Stoddard, Mo.

