

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

Do not use this space.

28781

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City Pilot Grove (No.)

Registration District No. 222
Primary Registration District No. 4135

File No. 9
Registered No.
St. Ward)

2. FULL NAME

Laura Elliot 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 28 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-19-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 17

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) May 15 1934 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speed, Miss. Tenn.

MOTHER FATHER 13. NAME John W. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buncheon, Missouri

15. MAIDEN NAME Mary Elizabeth Dickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Missouri

17. INFORMANT (ADDRESS) Mrs. Roy Wolfe, Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove, Mo. DATE 8/3/34

19. UNDERTAKER (ADDRESS) Hays & Stocklein, Pilot Grove, Mo.

20. FILED Aug 2 1934 Mrs. E. B. McCutcheon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Aug, 1 1934
I last saw h.e.r. alive on Aug, 1st 1934. Death is said to have occurred on the date stated above, at 9:10 P.m.

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

Hodgkin's Disease
72 lb
107 lb
120 lb
Other contributory causes of importance:
Bronchopneumonia

Date of onset
Apr, '33
July 30, '34

Name of operation Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) J. O. Boley, M. D.
(Address) Pilot Grove, Mo.

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.

AUG 16 1934

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