NOV 13 1934

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

Do not use this space.

File No. 35714

Registered No.

1. PLACE OF DEATH
County GREENE — Registration District No. 317
Township ~~[illegible]~~ — Primary Registration District No. 4192
City REPUBLIC (No. ..... St. ..... Ward)

39 2 4

2. FULL NAME MARY B SIMS

(a) Residence, No. SOUTH MAIN ST. St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF WIDOW OF TOBE SIMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 27 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping

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) ILL. (STATE OR COUNTRY)

FATHER

13. NAME Mr BLACK

14. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME MOLLIE SNODGRASS

16. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

17. INFORMANT [illegible] (ADDRESS) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wades Chapel DATE 10 30 19

19. UNDERTAKER [illegible] (ADDRESS) [illegible]

20. FILED 10 30 19 34 Mrs Bertha Nance (Registrar.)

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 29 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Jun 2nd, 1932, to Oct 29, 1934.
I last saw h[illegible] alive on Oct 29, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Duodenal Ulcer Malignancy	

Other contributory causes of importance:

Name of operation none Date of c

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? c Date of injury c, 19
Where did injury occur? c c c c
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury c c c c
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H B Mitchell Do. M. D.
(Address) Republic 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD


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