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

FEB 21 1935

Do not use this space.

680

1. PLACE OF DEATH
County: Cooper
Township: ~~Pilot Grove~~
City: Pilot Grove (No. ..... St. ..... Ward)

Registration District No. 222
Primary Registration District No. 4135

File No. 1
Registered No. .....

2. FULL NAME George McNeal 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 — yrs. 1 mos. 2 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)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-9-1934

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John Simmons.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Booneville
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bertha Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Booneville
(STATE OR COUNTRY) Missouri

14. INFORMANT John Simmons
(Address) Pilot Grove, Mo

15. FILED Jan 12, 1935 Mrs. E. B. McCutchen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Geo McNeal Simmons.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1935, to Jan 11, 1935 that I last saw he was alive on Never I saw him alive 19..., and that death occurred, on the date stated above, at 11 oc a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Supposed to have been Bronchial Pneumonia. There was no Doctor present at time of death
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cold
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Severe cold.

(Signed) Dr R L. Anderson DO M.D.
Coroner Cooper Co Mo.
, 19 (Address) Booneville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peninsula Cemetery
DATE OF BURIAL 1-12 1935
20. UNDERTAKER Hays & Stoecklein
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.