

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

Do not use this space.

1711

FEB 25 1935

1. PLACE OF DEATH

County Jasper Registration District No. 402
 Township _____ Primary Registration District No. 3020
 City Carthage (No. 1001, Walnut) Registered No. _____
 St. 3rd Ward

2. FULL NAME

Etta May Simmons
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Charley Simmons
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 7 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife
 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) McIntosh County Okla

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Charley Simmons
 (ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 28 1935

19. UNDERTAKER Knell Mortuary
 (ADDRESS) Carthage Mo.

20. FILED Jan 28 1935 D. B. Clinton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 25, 1935
 I last saw her alive on Jan 23, 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
Lobar
 Date of onset Jan
 Other contributory causes of importance:
 Name of operation none 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) J. E. Boyd, M. D.
 (Address) Carthage 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.

