

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.

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

Do not use this space.

4326-1

1. PLACE OF DEATH

County Clinton Registration District No. 267
Township Grand River Primary Registration District No. 5090
City Harrisonville (No. _____ St. _____ Ward _____)

File No. 3
Registered No. 3

2. FULL NAME

Marvin Dale Sims

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

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

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) Harrisonville
(STATE OR COUNTRY) Missouri

13. NAME Rease Sims

14. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Maxie Clayton

16. BIRTHPLACE (CITY OR TOWN) Garard
(STATE OR COUNTRY) Missouri

17. INFORMANT Rease Sims
(ADDRESS) 2121 11th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Creek Bur DATE Feb 25 1935

19. UNDERTAKER ✓
(ADDRESS)

20. FILED 7-11-35 25 2121 11th
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1935, to February 24, 1935

I last saw him alive on February 24, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Premature birth

Other contributory causes of importance:

Name of operation _____ 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) R. Evelyn Alvord M.D.

(Address) Adrian, Mo.

