

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.

APR 8 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008

City

Fulton

(No. _____)

St. _____

Ward) _____

2. FULL NAME

(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. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

X

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFRobert Simms

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

Mar. 7, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.57113

OCCUPATION

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

Housework

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)

Iowa

FATHER

13. NAME

Charley Webster

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

MOTHER

15. MAIDEN NAME

Mary Ann Hammon

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

17. INFORMANT

(ADDRESS)

Robert Simms
Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pioneer Cemetery DATE Feb 12 1935

19. UNDERTAKER

(ADDRESS)

Legg & Wallace
Fulton, Mo.

20. FILED

2-121935G. N. Owen

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2/10 1935

22. HEREBY CERTIFY, That I attended deceased from

July 3 1935 to July 10 1935I last saw him alive on July 10 1935 Death is saidto have occurred on the date stated above, at 8 p.m.

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

Bronchial Pneumonia Date of onset 7/10/35

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Exp. Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury ✓ 1935

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? Yes

If so, specify

(Signed)

(Address)

Res. Hall
Fulton Mo. M. D.

