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

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.

8309

1. PLACE OF DEATH APR 5 1935

County Calloway — Registration District No. 108 — File No.

Township Calwood — Primary Registration District No. 5157 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ruben S. Simcoe

(a) Residence, No. ..... St., ... Ward. Calwood Mo.
(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: M
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 OF Rosa Simcoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1853

7. AGE: YEARS 81 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Wharton Simcoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Julia Brockman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Rosa Simcoe Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unity Cemetery DATE Mar. 29 1935

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Missouri

20. FILED ✓ 19 ✓ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/35, 19, to 3/27/35, 19

I last saw him alive on 3/26/35, 19 Death is said to have occurred on the date stated above, at 3 P.M.

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

Apoplexy, Hypertention. Prostatitis.

Date of onset

Other contributory causes of importance:

Senility.

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

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? No

If so, specify

(Signed) Greene D. McCall, M. D.

(Address) Fulton Mo.

MAY 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County: Calloway — Registration District No.: 108

Township: Calloway — Primary Registration District No.: 5157

City: ..... (No. ....., ... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME Reuben S Simmons

(a) Residence, No. ..... St., ... Ward. Calloway Mo
(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*)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	4	4	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Wharton Simmons

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

MOTHER

15. MAIDEN NAME Julia Brockman

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

17. INFORMANT (ADDRESS) Mrs Rosa Simmons Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lingly Cem DATE Mch 29 1935

19. UNDERTAKER (ADDRESS) Lee G Wallace Fulton Mo

20. FILED May 22 1935 Mrs R S Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1935, to 3/27 1935
I last saw him alive on 3/26 1935. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Hypertention	
Prostatitis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) Treeza D McCall, M. D.
(Address) Fulton 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.

MAY 26 1935

5-8309