

MAY 29 1935

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

Do not use this space.

13482

1. PLACE OF DEATH

County Linn Registration District No. 501
Township Locust Creek Primary Registration District No. 5666
City County Infirmary St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Charles Sims

(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 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 XXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of the
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Infirmary
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linneus
(STATE OR COUNTRY) Missouri

13. NAME M. D. Sims

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

15. MAIDEN NAME Mary Shelton

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

17. INFORMANT D. B. Sims
(ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE April 5 1935

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri.

20. FILED 8-10 1935 J. W. W. 110
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to Apr. 4, 1935
First saw him alive on Apr. 3, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Bright's Disease Date of onset 6/1/34

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Cerebral 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) E. J. Standley M.
(Address) Beachfield Mo.

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.

