

WHITE PLAINLY, WITH UNFAADING 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.

JUN 24 1935

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

Do not use this space.

16975

1. PLACE OF DEATH

55 County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 5628  
City Aurora (No. R.F.D. # 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 24

2. FULL NAME William David Simmons

(a) Residence, No. R.F.D. # 1 Aurora Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 15-1843</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>4</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) Crawfordville  
(STATE OR COUNTRY) Indiana

13. NAME John Simmons

14. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Loop

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

17. INFORMANT Mrs Emma Simmons  
(ADDRESS) R.F.D. # 1 Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Marionville Mo. DATE May 8 1935

19. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo.

20. FILED 5/7 1935 R. D. Cowan, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 7 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1- 1935 to 5-7- 1935  
I last saw him alive on 5-7- 1935. Death is said to have occurred on the date stated above, at 12.35 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Causing Hemiplegic  
Left Side;

Other contributory causes of importance:  
Advanced Age

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? No  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. G. Gattson, M. D.  
(Address) Aurora Mo.

