

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 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. P. Mo.** (No. **252310 Jefferson**) St. ..... Ward) **4274**

2. FULL NAME

**Minnie Belle (Minnie B. Simmons)**  
(a) Residence, No. **2523 Jefferson** St. **20** Ward.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 4, 1866</i>		
7. AGE	YEARS <i>69</i>	MONTHS <i>3</i>
	DAYS <i>5</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Domestic</i>	
	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.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>	
	13. NAME <i>George Williams</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>	
	15. MAIDEN NAME <i>Nellie Jackson</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
	17. INFORMANT (ADDRESS) <i>Gladys S. Sherrell 2523 1/2 Jefferson</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>May 13 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Peoples Land, Fed 3106 Washington</i>		
20. FILED <b>MAY 12 1935</b> <i>J. T. Bredeck</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10 1935*

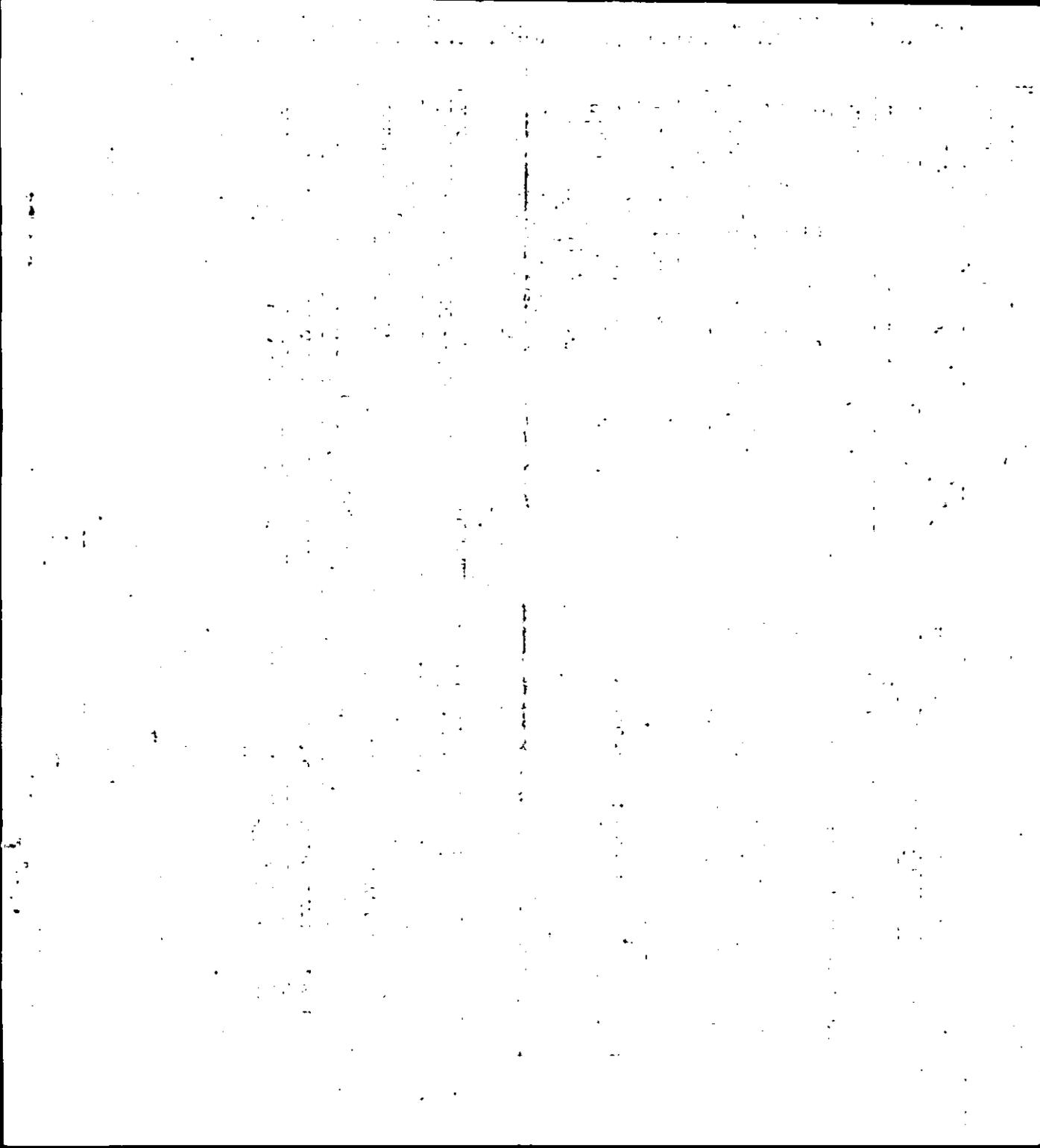
22. I HEREBY CERTIFY, That I attended deceased from *3/15* 19*35* to *5/10* 19*35*  
I last saw h. & a. alive on *5/10* 19*35* Death is said to have occurred on the date stated above, at *10 A. m.*  
The principal cause of death and related causes of importance were as follows:  
*Cancer of Stomach & Liver Primary seat unknown*  
Other contributory causes of importance:  
*46*

Name of operation..... *None* Date of.....  
What test confirmed diagnosis? *Stomach* 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?..... (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) *J. H. Simmons* M. D.  
(Address) *10901 W. 11th*



State of Missouri {  
City of St. Louis { ss

Before me a notary public, within and for the above named City and State, personally appeared Gladys ~~Sharon~~ to me known to be the daughter of one Minnie Bell who died on May 10, 1935 and after being duly sworn upon her oath deposes and says that Minnie Bell and Minnie B. Slemmons is one and the same person.

Further affiant sayeth not.

Witness: Jordan W. Chambliss

Gladys Sharon

The above affidavit was subscribed and sworn to this 15th day of May, 1935.

My commission expires July 24, 1937.

Alvina Creath

1935  
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