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

SEP 16 1935

Do not use this space.

791

28166

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No. City Hospital No. 2

File No.

Registered No. 7258

City St. Louis Mo. (No. St. Ward)

2. FULL NAME Mitchell Sims

(a) Residence, No. 265½ Bernard St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Sims

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31st 1876

7. AGE YEARS 59 MONTHS 4 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mississippi

FATHER

13. NAME Robert Sims

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

MOTHER

15. MAIDEN NAME Edie Thompson

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

17. INFORMANT [illegible]
(ADDRESS) 2945 - Lawton Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Father Dickson DATE 8/29 1935

19. UNDERTAKER [illegible] Bro.
(ADDRESS) 215 S. Jefferson Ave.

20. FILED AUG 28 1935, 19 J F Bredeck *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8 - 22 -, 1935, to 8 - 23 -, 1935

I last saw him alive on 8 - 23 -, 1935 Death is said to have occurred on the date stated above, at 9:40 P.m.

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

Chronic Myocarditis — Date of onset 8-22-35

93C

Other contributory causes of importance:

Pericarditis with Effusion

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

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) James B. Harris, M. D.

(Address) 2945 - Lawton Blvd

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.