DEC 21 1935

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

Do not use this space.

36964

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township — Primary Registration District No. 4404 — Registered No. 242
City St James (No. , St. Ward)

2. FULL NAME James J Simely
(a) Residence No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1918

7. AGE: 17 YEARS — MONTHS: 5 — 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. Farming
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) 11-6-1935
11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Divernon Ill

FATHER
13. NAME Joseph Simely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

MOTHER
15. MAIDEN NAME Grace Earls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps co Mo

17. INFORMANT (ADDRESS) Dora Owens St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adams DATE 11-9 1935

19. UNDERTAKER (ADDRESS) W E Lickleder St James Mo

20. FILED 11-8- 1935 Mrs. W. H. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Killed in car by train on R.R. Crossing Crushing head

Date of onset

Other contributory causes of importance:

206

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? accident Date of injury 11-7 1935
Where did injury occur? St James Mo (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) W E Lickleder Coroner, ~~M.D.~~
(Address) St James 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.

100M-11-24-33