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.

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

FEB 20 1936

Do not use this space.

2358

1. PLACE OF DEATH

County Oregon — Registration District No. 636 — File No.

Township — Primary Registration District No. 5844 — Registered No. 1

City Alton (No. 5844 St. Ward)

2. FULL NAME Glenda May Simmons

(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 Fe

4. COLOR OR RACE Wh

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1935

7. AGE — YEARS — MONTHS 2 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Alton Mo

FATHER

13. NAME O.E.Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co Mo

MOTHER

15. MAIDEN NAME Almeta Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Mo

17. INFORMANT (ADDRESS) O.E. Simmons Alton Mo

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Alton Mo DATE 1/9/36, 19

19. UNDERTAKER (ADDRESS) Simmons.

20. FILED 2/4 1936 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1936, to Jan 9th, 1936

I last saw her alive on Jan 8th, 1936 Death is said to have occurred on the date stated above, at 5:00 AM

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

	Date of onset
Chronic Eczema due to Malnutrition	Dec

Other contributory causes of importance:

Parenteral Anaesthesia — Jan 6th

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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) C W Cooper, M. D.

(Address) Thayer Mo.