

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Andrew
 Township Salt River
 City Mexico Mo-R.R.

Registration District No. 26
 Primary Registration District No. 5034

File No. 4450
 Registered No. 34
 St. _____ Ward _____

2. FULL NAME Orice Reuben Sims

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7 - 1880</u>		
7. AGE <u>55</u>	YEARS <u>6</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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) (STATE OR COUNTRY) <u>Andrew Co. Mo.</u>
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13. NAME <u>Orice B. Sims</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>
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15. MAIDEN NAME <u>Fannie McPeck</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u>
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17. INFORMANT (ADDRESS) <u>John Sims Mexico Mo-R.R.</u>

18. BURIAL, CREMATION, OR REMOVAL

PLACE <u>W. H. H. Co. Mo.</u> DATE <u>Feb. 190</u> 19 <u>36</u>

19. UNDERTAKER (ADDRESS) <u>W. H. H. Co. Mo.</u>
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20. FILED <u>2/15/36</u> <u>Blanche Neely</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About Feb 13 or 14 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____.

Coroner's Case, 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:

Date of onset _____

Coroner's Verdict: He was killed

by the discharge of a Ranger shotgun

410, held and discharged by his own

hand either accidental or suicide.

Discharge took effect under the right

jaw and up into his head causing

Other contributory causes of importance:

instant death.

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? suicide Date of injury _____, 19____Where did injury occur? His farm Andrew Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Birth building on his farm

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. H. McPeck Coroner Andrew Co. Mo.(Address) Madison, Mo. Country, Mo.

