

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH.

County Miss.
Township Ohio
City Wyatt

Registration District No. 576
Primary Registration District No. 5762

File No. 6875
Registered No. 28

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>man</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Sims (Mrs)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1888</u>		
7. AGE <u>48</u>	YEARS <u>48</u>	MONTHS <u>48</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</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) <u>Feb 28, 1936</u>		11. Total time (years) spent in this occupation <u>48</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
13. NAME <u>Wash Sims</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Dilsia Sims</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT (ADDRESS) <u>J. W. Yatt, m.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>3-5-36</u>		
19. UNDERTAKER (ADDRESS) <u>Smith & Son</u>		
20. FILED <u>3-5-36</u> <u>F. S. Vernon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH 12:30 P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 28</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>19</u> to <u>19</u> . I last saw him alive on <u>Feb</u> Doctor <u>Dr. A. T.</u> Death is said to have occurred on the date stated above, at <u>m.</u> The principal cause of death and related causes of importance were as follows: <u>Mrs. Cordelia</u> <u>Heart</u>
Other contributory causes of importance: <u>None</u>
Name of operation <u>Family history</u> Date of <u>19</u>
What test confirmed diagnosis <u>Family history</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>19</u> Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>None</u>
Nature of injury <u>None</u>
24. Was disease or injury in any way related to occupation of deceased? <u>None</u> If so, specify <u>None</u> (Signed) <u>Paul F. Mackney, Coroner</u> (Address) <u>Charleston, Mo.</u>

1936 3-5
48
1988