Was 70 yrs old
Jan 6 1936
MAR 28 1936

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

Do not use this space.

9701

1. PLACE OF DEATH
County Cedar — Registration District No. 165 — File No. Mch. 24-1936
Township Jefferson — Primary Registration District No. 5230 — Registered No. 150
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Andrew 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Simmons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16, 1866
7. AGE: YEARS 70 — MONTHS 1 — DAYS 17 — 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. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co. Mo.

FATHER
13. NAME: Benjamine Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Sarah Humbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn ?

17. INFORMANT (ADDRESS): Lizzie Simmons, Dunnegan, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lindly Creek — DATE: Mch 4, 1936
19. UNDERTAKER (ADDRESS): W. C. Davis & Co, Stockton, Mo.
20. FILED: Mch 24, 1936 — F. A. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1936
22. I HEREBY CERTIFY, That I attended deceased from February 27, 1936 to March 3, 1936
I last saw him alive on March 3, 1936. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prochial Pneumonia	
following Influenza	

Other contributory causes of importance:

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) H. A. Simrell, M. D.
(Address) Stockton 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.