

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.

JUN 25 1936

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

*Morley*  
 Do not use this space.

16353

1. PLACE OF DEATH Pettis  
 County..... Registration District No. 668  
 Township..... Primary Registration District No. 3032  
 City..... Sedalia (No. 216 East Boonville)  
 St. .... Ward)

File No. 148  
 Registered No. 668

2. FULL NAME Elisha T. Simmons  
 (a) Residence, No. 216 East Boonville 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucile Jane Simmons  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1855  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 11 3

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

MOTHER FATHER 13. NAME Russell Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Don't Know

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

17. INFORMANT Gertrude E. Rhoads (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 1 1936

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo.

20. FILED 5-1 1936 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29-36 19  
 22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 29, 1936  
 I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:

*apoplexy*

Date of onset  
1 1/2 years ago

Other contributory causes of importance:

*g2a1*

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 Frank R. Morley M. D.  
 (Signed) Sedalia Mo.  
 (Address) Sedalia Mo.

