

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.

MAY 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Warren  
Township Warrenton  
City Warrenton (No. ....)

Registration District No. 881  
Primary Registration District No. 4534

18352

File No. ....  
Registered No. 12 St. .... Ward)

2. FULL NAME

R B Simmenon

(a) Residence, No. .... 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 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 Mrs. Simmenon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 55 MONTHS - DAYS 7 If LESS than 1 day, .... hrs. or .... min.

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

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) Not known

FATHER 13. NAME -

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

MOTHER 15. MAIDEN NAME -

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

17. INFORMANT H. S. Mahony (ADDRESS) Warrenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunlap Mo DATE 7/30 1936

19. UNDERTAKER F. O. Hixson (ADDRESS) Warrenton Mo

20. FILED April 30, 1936 A. W. V. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... I last saw h. .... alive on ..... 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:

Accidental drowning  
Verdict of coroner  
July 9

Other contributory causes of importance: 18352  
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) F. H. Kungse Cooney, M. D.  
(Address) Warrenton Mo.

[The main body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into paragraphs and possibly lists or tables, but the individual characters and words cannot be discerned.]

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

Do not use this space.

**1. PLACE OF DEATH**

County Warren  
Township.....  
City Warrenton (No. ....)

Registration District No. 881  
Primary Registration District No. 4034

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** P. B. Simmons

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) uk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 55

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 13 1936 R. B. Williams Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) april 29 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him/her alive on....., 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:

Accidental drowning  
by falling into reservoir  
but boat involved.

Date of case

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 cause (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) J. H. Kingdon M. D.

(Address) Warrenton Mo

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.

SUPPLEMENT

S-18352

RECEIVED  
FEB 10 1952