

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 17 1936

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

Do not use this space.

1. PLACE OF DEATH Boone
 County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. Boone County Hospital) St. _____ Ward _____
 Registered No. 18532
 Registered No. 147

2. FULL NAME Nell H Simcoe
 (a) Residence, No. 1411 Pratt 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF E.M. Simcoe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1887
 7. AGE YEARS 48 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Boone Co Mo
 MOTHER FATHER 13. NAME Christopher C Boatman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Hanna
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) E. M. Simcoe
 18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Cem DATE May 16 1936
 19. UNDERTAKER (ADDRESS) R. Wilcox
 20. FILED 5/16/1936 Alber Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1936
 22. I HEREBY CERTIFY, That I attended deceased from May 9 1936 to May 15 1936
 I last saw her alive on May 14 1936 Death is said to have occurred on the date stated above, at 8:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
RT. Lobar
 Date of onset _____
 Other contributory causes of importance:
108
 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) E. A. Berkley M. D.
 (Address) Columbia Mo

