

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.

JUN 17 1936

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

Do not use this space.

19050

1. PLACE OF DEATH

County Dunklin
Township
City Malden (No. _____)

Registration District No. 289
Primary Registration District No. 4173

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME Mrs. Mary E. Sims

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>Widow</u> (OR) WIFE OF <u>A. J. Sims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26-1873</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>	
	10. Date deceased last worked at this occupation (month and year) _____ ✓ 11. Total time (years) spent in this occupation _____ ✓	
12. BIRTHPLACE (CITY OR TOWN) <u>Malden Mo.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>James Sanders</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ky.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Malisia Grimes</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Campbell Mo.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Homer Sims</u> (ADDRESS) <u>Malden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo.</u> DATE <u>5-17</u> , 19 <u>36</u>		
19. UNDERTAKER <u>J. L. Craig</u> (ADDRESS) <u>Malden Mo.</u>		
20. FILED <u>5-16-</u> , 19 <u>36</u> <u>S. E. Mitchell</u> 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 14, 1936, to May 15, 1936
I last saw her alive on May 15, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage - May 14 (Date of onset)

Other contributory causes, if important:
High blood pressure 3 years

Name of operation None Date of _____
What test confirmed diagnosis Blood Analysis Was an autopsy no

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. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Dr. Eugene C. Catton, M. D.
(Address) Malden Mo.

