

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 DunklinRegistration District No. 289

Township

Primary Registration District No. 4173

City

Malden

(No. _____)

St. _____

Ward _____

2. FULL NAME

Mrs. Mary E. Sims

(a) Residence, No. _____

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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND
(OR) WIFE OFA. J. Sims

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

Oct. 26-1873

7. AGE

YEARS

62

MONTHS

6

DAYS

19If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.own home10. 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)Malden Mo.

FATHER

13. NAME

James Sanders14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ky.

MOTHER

15. MAIDEN NAME

Malisia Grimes16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Campbell Mo.17. INFORMANT
(ADDRESS)Homer Sims
Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden Mo.DATE 5-17

1936

19. UNDERTAKER
(ADDRESS)J. L. Craig
Malden Mo.

20. FILED

5-16-

1936

L. E. Mitchell

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, 1936I last saw her alive on May 15, 1936. Death is saidto 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 pressure3 years

Name of operation

None

Date of _____

What test confirmed diagnosis Blod. P. Analysis 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.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed)

Dr. J. L. Craig

(Address)

Malden Mo.

