

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

Do not use this space.

27123-1

**1. PLACE OF DEATH**

County Johnson Registration District No. 431  
Township Leadburs Primary Registration District No. 5590  
City Waverly No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 98  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

John Thomas Simonson  
(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 10 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
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) Johnson Co. Mo.

FATHER  
13. NAME Jonas Simonson

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

MOTHER  
15. MAIDEN NAME Willa Pees

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

17. INFORMANT (ADDRESS) Mrs Tom Woods

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Chapel Cem DATE 7/14

19. UNDERTAKER (ADDRESS) Ed. Hyslop

20. FILED 7/13 1936 Eva Bentley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, that I attended deceased from 1936 to July 13, 1936  
I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 2 1/2 p.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
Date of onset 7-10-36  
Other contributory causes of importance:  
(2) Hemiplegia - 1934

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? no  
If so, specify \_\_\_\_\_  
(Signed) W. M. Bentley M. D.  
(Address) Waverly Mo

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.

