

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.

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

Do not use this space.

27787

1. PLACE OF DEATH

County *St. Francois*  
Township *Crown*  
City (No. . . . .) St. . . . . Ward)

Registration District No. *771*  
Primary Registration District No. *6017*

File No. . . . .  
Registered No. . . . .

2. FULL NAME

*Clyde Simmons*

(a) Residence, No. . . . . St. . . . . Ward. . . . .  
(Usual place of abode)

Length of residence in city or town where death occurred *None* mos. . . . . 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) *S.*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24 1916*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . . . hrs. or . . . . . min.  
*20 3 12*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborn*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Common Laborn*  
10. Date deceased last worked at this occupation (month and year) *July 26* 11. Total time (years) spent in this occupation *7*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Potosi Mo*

MOTHER FATHER 13. NAME *Walter J Simmons*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Franklin Mo*

15. MAIDEN NAME *Lizzie Declid*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Mo*

17. INFORMANT (ADDRESS) *A Q Sparks*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Potosi Mo* DATE *July 28 1936*

19. UNDERTAKER (ADDRESS) *A Q Sparks Potosi Mo*

20. FILED *July 13 1936* *J. W. Gale* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17 1936*

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from *held an inquest on deceased*  
I last ~~met~~ *saw* on *July 13*, 19*36* Death is said to have occurred on the date stated above, at *8:30* p.m.  
The principal cause of death and related causes of importance were as follows:

*Jury's Verdict: -*  
*Accidentally drowning in Iron Mountain Lake*

Other contributory causes of importance:  
*183' 210D*

Name of operation . . . . . Date of . . . . .  
What test confirmed diagnosis? . . . . . Was there 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*36*  
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 *Accidental drowning*

(Signed) *Charles Brownie* . . . . . M. D.  
(Address) *Crown St. St. Francois Co*  
*Farmington Mo*



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

Do not use this space.

**1. PLACE OF BIRTH**

County St. Francois

Registration District No. 271

Township Iron

Primary Registration District No. 6017

City Iron (No.         )

File No.         

Registered No.         

St.          Ward         

**2. FULL NAME**

Clyde Simmons

(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**

M

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

S

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

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

**7. AGE**

YEARS 20

MONTHS 3

DAYS 12

If LESS than day, or          years.

OCCUPATION

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 July 13, 19         W. G. Galbreath

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1931

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:

Jury Verdict accidental drowning in Iron mountain lake

A crowd of young people from box rising on Iron Mtn lake. 2 boys jumped into water and Mr. Simmons saw and failed to come up.

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) Elyon Province, M.D.

(Address)         

**SUPPLEMENT**

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.

S-27767

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-14-2013 BY 60322 UCBAW/STP