NOV 20 1936

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

Do not use this space.

36937

File No.

Registered No. 12

1. PLACE OF DEATH
County Camden
Township Russell
City ~~Branch~~ (No. ..... St. ..... Ward)

Registration District No. 120
Primary Registration District No. 5172

2. FULL NAME Lionel Lloyd 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1936

7. AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 COUNTY) Camden Co Mo

FATHER
13. NAME Lionel David Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Hickory Co Mo

MOTHER
15. MAIDEN NAME Morgite Irene Davenport
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Camden Co Mo

17. INFORMANT (ADDRESS) D. O. Simmons Buck Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Cem DATE Oct 3 1936

19. UNDERTAKER (ADDRESS) Sam Allen acting Funeral Dir

20. FILED 10-3- 1936 Dr L D Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936, to Oct 3, 1936
I last saw him alive on Oct 3, 1936. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	1 mo.

Other contributory causes of importance: Enteric fever in mother

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) L. G. Flores, M. D.
(Address) Urbana 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD