NOV 4 1936

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

Do not use this space.

39784

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10839

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Mary Elizabeth Simmons

(a) Residence, No. 258 Ferguson Ave St., N.R. Ward. Wood River Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lee N. Simmons.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1892.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.
10. Date deceased last worked at this occupation (month and year) Oct. 1936.
11. Total time (years) spent in this occupation 26.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moro. Illinois

FATHER

13. NAME George W. Russell.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Kentucky.

MOTHER

15. MAIDEN NAME Emma Palmer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton. Illinois

17. INFORMANT (ADDRESS) Lee Simmons 258 Ferguson Ave. Wood River Ill.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cemetery PLACE Alton Ill. DATE Nov. 1 1936

19. UNDERTAKER (ADDRESS) Robert H. Streeper. 2521 Edwards St. Alton Ill.

20. FILED OCT 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1936, to 10-28, 1936

I last saw her alive on 10-28, 1936 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPTICEMIA (STAPHYLOCOCCUS)	10-25-36
59	

Other contributory causes of importance:
DIABETES MELLITUS
PERINEPHRIC ABSCESS
LUDWIG'S ANGINA

Name of operation INCISION OF NECK ABSCESS Date of 10-27-36

What test confirmed diagnosis? BLOOD CULTURE 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.....
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) Frank J. McDowell, M. D.
(Address) BARNES HOSPITAL

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.