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

JAN 8 1937

Do not use this space.

43691

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township Salt River — Primary Registration District No. 5034
City Mexico Mo R.F.D (No. R. F. D. #5 Mexico, Missouri St. Ward)

File No.
Registered No. 194

2. FULL NAME Robert Dunlap Sims

(a) Residence, No. R. F. D. #6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) December 1936 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

FATHER
13. NAME Wm. Gay Sims
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Missouri

MOTHER
15. MAIDEN NAME Hattie P. Cockran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

17. INFORMANT Fletcher Sims
(ADDRESS) R. F. D. #5, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Mexico, Mo. DATE 12--10- 1936

19. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri

20. FILED 12-10- 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, 19....
I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging, at the George Hall farm five miles south of Mexico, Audrain Co., Mo.	

Other contributory causes of importance:

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? Suicide Date of injury Dec 9, 1936
Where did injury occur? Audrain County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Suicide by hanging
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) B.M. Marlow, M.D.
(Address) Coroner Audrain County, Mo.
B.M.Marlow

CAUSE OF DEATH in plain terms, so intelligible