

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.

MAR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County QuincyRegistration District No. 80File No. 5028Township AgencyPrimary Registration District No. 3-117

Registered No. \_\_\_\_\_

City \_\_\_\_\_

(No. 2)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Franklin Sims

(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)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF \_\_\_\_\_

(OR) WIFE OF \_\_\_\_\_

Clara Jane Sims

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

Feb. 29, 1850

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

761129

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)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME Erving Sims

MOTHER

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

Missouri15. MAIDEN NAME Mary Roberts

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

Missouri17. INFORMANT Mrs. Clara Jane Sims (ADDRESS) Agency

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE AgencyDATE Mar. 2, 1937

## 19. UNDERTAKER (ADDRESS)

H. G. Sullivan20. FILED Mar. 11937Mrs. Lucy Dorrell

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 193722. HEREBY CERTIFY, That I attended deceased from July 5, 1936, to Feb. 28, 1937I last saw him alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Chronic MyocarditisBronchial Asthma

Other contributory causes of importance:

HypertensionArterio-sclerosis

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 \_\_\_\_\_

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) Magwell Day M. D.(Address) St. Joseph, Mo.

See affidavit in misc file # 8

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