

MAR 26 1937

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

Do not use this space.

File No. 9086
Registered No. _____
City _____ St. _____ Ward _____

1. PLACE OF DEATH
County Shelby Registration District No. 831
Township Black Creek Primary Registration District No. 6092
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Joseph W. Simmons
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 12-1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>10</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Mo.</u>		
13. NAME <u>Thos. Simmons</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Salina Jane Young</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>John Simmons Shelbyville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Ebenezer's Cemetery DATE Feb-17-1937</u>		
19. UNDERTAKER (ADDRESS) <u>E. P. Thompson Shelbyville, Mo.</u>		
20. FILED <u>Feb-17-1937</u> <u>Pearl Goe</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-16-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7-1936 to Feb 16-1937
I last saw him alive on Feb 14-1937 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of sigmoid portion of colon Date of onset ?

Other contributory causes of importance None

Name of operation Colestomy Date of 2-7-37
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) P. C. Archer M. D.
(Address) Shelbyville, Mo.

Every measure precaution should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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