

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.

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

Do not use this space.

MAY 17 1937

15560

1. PLACE OF DEATH

1 County Adair Registration District No. 1067  
Township Walnut Primary Registration District No. 5-889  
City Jefferson (No) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

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

2. FULL NAME George H. Simmons

(a) Residence, No. Jefferson P. F. D. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 5 29

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) Lova City  
(STATE OR COUNTRY) Iowa

13. NAME George H. Simmons

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

15. MAIDEN NAME Ann Patten

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

17. INFORMANT Jennie May Simmons  
(ADDRESS) Jefferson P. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Temple Cem. DATE April 17 1937

19. UNDERTAKER Deidley's Funeral Home  
(ADDRESS) Kimbelle Mo.

20. FILED April 20 1937 Ray Douglas  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/9 1937, to 4/14 1937

I last saw him alive on 4/14 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance: 108

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 no  
(Signed) W. E. Munn, M. D.

(Address) Horingers

