

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

Do not use this space.

19235

1. PLACE OF DEATH 12 1937  
 County Jefferson Registration District No. \_\_\_\_\_  
 Township Law Primary Registration District No. \_\_\_\_\_  
 City St. Louis (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Thomas H. Simmons  
 (a) Residence, No. Research Hoosp. 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 - 1873  
 7. AGE YEARS 63 MONTHS 8 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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 all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. mo.

13. NAME Marion Simmons

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

15. MAIDEN NAME Mary E. Baker

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

17. INFORMANT John Simmons  
 (ADDRESS) Hickman Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alden Cem Cedar Co. mo. DATE June 1 1937

19. UNDERTAKER M. B. Langford  
 (ADDRESS) St. Louis

20. FILED 5-30-1937 M. M. Crumley  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937  
 22. I HEREBY CERTIFY, that I attended deceased from May 22 1937 to May 30 1937  
 last saw him alive on May 30 1937 Death is said to have occurred on the date stated above, at 1:30 AM  
 The principal cause of death and related causes of importance were as follows:

Metastatic melanoma of Liver, Primary, Rt. Eye (Unproven) Date of onset \_\_\_\_\_

Other contributory causes of importance: SB

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Don R. Black, M. D.  
 (Address) Professional Bldg., Kansas City, Mo.

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.

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