

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

JUL 26 1937

1. PLACE OF DEATH

County Buchanan

Registration District No. 83

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 1421 So. 18th. St.)

File No. 23204

Registered No. 689

St. _____ Ward _____

2. FULL NAME

Frances Viola Simmon

(a) Residence, No. 1421 So. 18th. St.

St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>William E. Simmon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 7, 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>55</u>	<u>5</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>			
	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) <u>Brookfield, Mo.</u>				
FATHER	13. NAME <u>O. Alphonso Davis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co., Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Delia Pendleton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co., Mo.</u>			
17. INFORMANT (ADDRESS) <u>William E. Simmon</u> <u>1421 So. 18th. St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>June 17, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Neeshoff</u> <u>1302 Fremont, St. Joseph, Mo.</u>				
20. FILED <u>June 16, 1937</u> <u>H. A. Robertson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to June 15, 1937

I last saw her alive on June 15, 1937. Death is said to have occurred on the date stated above, at 10.00 A.M.

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

<p><u>Carcinoma of liver</u></p> <p><u>60</u></p> <p>Other contributory causes of importance:</p> <p><u>Probably Carcinoma of the breast and glands</u></p>	<p>Date of onset <u>about June 15 1937</u></p> <p><u>about July 15 1932</u></p>
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Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 1

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

If so, specify _____

(Signed) H. A. Robertson M. D.

(Address) 6210 1/2 King Hill Ave. St. Joseph, 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.

