

AUG 20 1937

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

Do not use this space.

26919

## 1. PLACE OF DEATH

County Cass  
Township Mt Pleasant  
City Belton (No. 5717)

Registration District No. 148  
Primary Registration District No. 148

File No. 26919  
Registered No. 26  
St. Belton Ward 1

2. FULL NAME Julia Sadie Sims

(a) Residence, No. 1 St. Belton Ward 1  
(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 Female 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 R. J. Sims

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 8 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Odessa Mo.

13. NAME Fredrick Hadler

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

15. MAIDEN NAME Elizabeth Herr

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

17. INFORMANT R. J. Sims (ADDRESS) Belton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa, Mo. DATE July 26, 1937

19. UNDERTAKER E. T. George's Sons (ADDRESS) Belton Mo

20. FILED 7-26-1937 R. M. Miller Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

22. I HEREBY CERTIFY That I attended deceased from July 17, 1937 to July 24, 1937  
I last saw h. alive on July 24, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
Malignant Hypertension

Date of onset

unknown

Other contributory causes of importance:

Uremia

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

(Signed) R. M. Miller, M. D. O  
(Address) Belton Mo

Exact statement of OCCUPATION is very important.

