

SEP 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County Leitch
Township Jackson
City King City, Mo. (No.)

Registration District No. 317
Primary Registration District No. 4188

File No. 30655
Registered No. 15
St. Ward)

2. FULL NAME

(a) Residence, No. King City, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 28 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 Wm. J. Simmons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
71 2 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife
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) July 29, 1937 11. Total time (years) spent in this occupation 56 yrs.

FATHER

12. BIRTHPLACE (CITY OR TOWN) Buckhorn, Mo. (STATE OR COUNTRY) Missouri

13. NAME John Pursell
14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mrs. H. Hall
16. BIRTHPLACE (CITY OR TOWN) Near St. Joseph, Mo. (STATE OR COUNTRY)

17. INFORMANT Allen P. Simmons (ADDRESS) Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE Aug. 8 1937

19. UNDERTAKER Lucile M. Wilson (ADDRESS) King City, Mo.

20. FILED Aug 6, 1937 Ronald D. Hart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937, to Aug 5 1937

I last saw her alive on Aug 5 1937. Death is said to have occurred on the date stated above, at 7 p. m.

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

Enteric colitis Date of onset Aug 25

Other contributory causes of importance:

Diabetic coma

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 or deceased?

If so, specify

(Signed) W. H. Jackson M. D.

(Address) King 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.

