

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATHCounty LinnRegistration District No. 502File No. 31126Township Marceline MoPrimary Registration District No. 4305Registered No. 40City Marceline Mo (No. 338) Pulaski Memorial Hospital**2. FULL NAME**

Jimmie Lewis Sims
 (a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug 7 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Stillborn

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Marceline Mo13. NAME Jas Sims14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo15. MAIDEN NAME Dorothy May Eichel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo17. INFORMANT (ADDRESS) Jas Sims
Marceline18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE Aug 8 193719. UNDERTAKER (ADDRESS) Jas Mc Laughlin
Marceline Mo.20. FILED 8/8 1937 Oliver L Barnett
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Still born

Date of onset

Other contributory causes of importance:

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) J. J. Patulek M. D.(Address) Duaneville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

