

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 701
(No. State Hospital # 2)

File No. 33714
Registered No. 1023
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Whiteyeflora St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1877</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
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) Missouri

13. NAME Samuel C. Simmons

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

15. MAIDEN NAME S Hulda J. Abbott

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

17. INFORMANT (ADDRESS) Mrs Susie Painter
Olevina mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp # 2 DATE Sept 30 1937

19. UNDERTAKER (ADDRESS) Stanger Funeral Home
41 900 1/2 W. 2nd

20. FILED 9-20-37 1937 W. H. Hestlehurst Registrar.
134 Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937, to Sept 11 1937

I last saw him alive on Sept 10 1937 Death is said to have occurred on the date stated above, at 4 40 a m.

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

Septicemia
Carbuncle
15/2

Other contributory causes of importance:
Sen. debility from
epilepsy

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol 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? no
If so, specify _____

(Signed) Ralph Kuhlman, M. D.
(Address) State Hosp. # 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

302
1877

