

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Jolita
City Lincoln (No. St. Ward ..)

Registration District No.
Primary Registration District No. 4835

File No. 37062
Registered No. 16

2. FULL NAME William Daniel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 29 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Sims,

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 - 1937 to Oct 29 - 1937
I last saw him alive on Oct - 29 - 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep, 18 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 11

23. Cerebral Hemorrhage Date of onset Oct - 25 - 37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Oct, 1934 11. Total time (years) spent in this occupation 57 Y

Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Indiana,

Name of operation none Date of ✓

13. NAME Thomas Sims,

What test confirmed diagnosis? clinical Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

15. MAIDEN NAME Melvina Wathell

Where did injury occur? ✓ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Carl L. Sims,
(ADDRESS) Green Ridge No.,

Manner of injury ✓

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE Oct. 31 1937

Nature of injury ✓

19. UNDERTAKER J. B. Calbert
(ADDRESS) Lincoln Mo.

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

If so, specify Arteriosclerosis
(Signed) Oliver R. Cuddy, M. D.

20. FILED Nov 8 1937 Mrs. Amy R. Rhodes,
Registrar.

(Address) ✓

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

