

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

Do not use this space.

37417

1. PLACE OF DEATH
 County Chariton Registration District No. 175
 Township Salisbury Primary Registration District No. 4104
 City Salisbury (No.) St. Ward

2. FULL NAME Savannah Simms
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph W. Simms
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1863
 7. AGE YEARS 74 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Oct 28, 1937
 I last saw h. s. alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patent 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) 11. Total time (years) spent in this occupation

Date of onset
 Other contributory causes of importance: 4/6

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 FATHER 13. NAME Emmanuel Sterner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 15. MAIDEN NAME Emmeline Hoffman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Name of operation exploratory Date of Sept. 1937
 What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT R. A. Gehrig (ADDRESS) Salisbury Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wain Hill DATE Oct 30 1937
 19. UNDERTAKER Geo. B. Winkelman (ADDRESS) Salisbury Mo
 20. FILED 10/29 1937 Geo. B. Winkelman Registrar.

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) Geo. B. Winkelman, M. D.
 (Address) Salisbury Mo

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

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