

NOV 22 1937

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

Do not use this space.

38540
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1. PLACE OF DEATH

County Ouassaki
Township Union
City (No)

Registration District No. 711
Primary Registration District No. 6-940

File No. 20
Registered No. 20
St. _____ Ward _____

2. FULL NAME

Charles Dwight 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 male 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 -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15-1937

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

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. None

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) Dixon mo

13. NAME Melvin Sims

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

15. MAIDEN NAME Imagine Stone

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

17. INFORMANT (ADDRESS) Melvin Sims
Stoutville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 10/16 1937

19. UNDERTAKER (ADDRESS) W. H. Gilbert
Dixon mo

20. FILED 11/4 1937 A. S. Fick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Still Borned 10/15-1937

I last saw h. 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 Borned. Due to pelvic presentation.

Other contributory causes of importance: _____
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 of deceased? _____
If so, specify _____
(Signed) A. J. Fick, M. D.
(Address) Dixon

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.

