

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

Do not use this space.

**JAN 18 1938**

**1. PLACE OF DEATH**

County Greene Registration District No. 317  
 Township Jefferson Primary Registration District No. 4188  
 City King City (No. ....) St. .... Ward)

File No. 45328

Registered No. ....

**2. FULL NAME** Uriah M. Simmons

(a) Residence, No. King City St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha M. Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
53 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker 13

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) Dec 1936 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near King City, Mo.

13. NAME Uriah J. Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbush 2, Illinois

15. MAIDEN NAME Ella A. Purcell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethausen Cant, Mo.

17. INFORMANT Mrs. Bertha M. Simmons (ADDRESS) King City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE 12/3 1937

19. UNDERTAKER Lucile M. Wilson (ADDRESS) King City, Mo.

20. FILED Dec-2 1937 Donald D. Gault Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29 1937 to Dec 1 1937

I last saw him alive on Nov. 30 1937. Death is said to have occurred on the date stated above, at 6:30 a m.

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

Coronary Thrombosis Date of onset Nov 30

Other contributory causes of importance: acute atherosclerosis Coronary Sclerosis

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) J. S. Black, M. D. (Address) King City, Mo.

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.

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