

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6616

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas
(b) Township Tracy
(c) City TracyRegistration District No. 276
Primary Registration District No. 5393Registered No. 3(d) Street No. 520
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Sarah Susan Sims St. 520
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sigal Sims6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 10OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasper Co. Mo.FATHER 13. NAME Jimmy Wallace14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.MOTHER 15. MAIDEN NAME Thahala Reed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Zinn Sims
Van Zant18. BURIAL, CREMATION, OR REMOVAL PLACE Fedrick Cem. DATE Feb. 10 193819. FUNERAL DIRECTOR (ADDRESS) None20. FILED Feb. 24 1938 Thilba Sims
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1938I last saw him alive on Feb. 8 1938 Death is saidto have occurred on the date stated above, at 9:45 a.m.

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

Obstructive labor

Date of onset

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 L9 Vleury(Signed) W. W. W. W., M. D.(Address) 241

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)