

REC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Morgan*
Township *McLean*
City (No. *5792*) St. WardRegistration District No. *598*Primary Registration District No. *8355*

File No.

11560

Registered No. *10*

2. FULL NAME

(a) Residence, No. *Malinda Sims*
(Usual place of abode)

St. Ward.

(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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6-1848*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
*90 0 0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *Morgan County*13. NAME *William Sims*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*15. MAIDEN NAME *Elizabeth Estes*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cooper Co.*17. INFORMANT *S. A. Young*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Freedom Cove* DATE *March 8 1938*19. UNDERTAKER *W. F. Kidwell*
(ADDRESS) *Missouri, Mo*20. FILED *3-10-1938* *W. F. Barry, Jr.*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6 1938*22. I HEREBY CERTIFY, That I attended deceased from *Feb 21 1938* to *March 6 1938*I last saw *her* alive on *Mar 6 1938* Death is saidto have occurred on the date stated above, at *8 P. m.*

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

Bronchial Pneumonia ✓ Date of onset *3/8/38*

Other contributory causes of importance:

Fracture of Hip ✓ *2/24/38*

Name of operation _____ Date of _____

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

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.

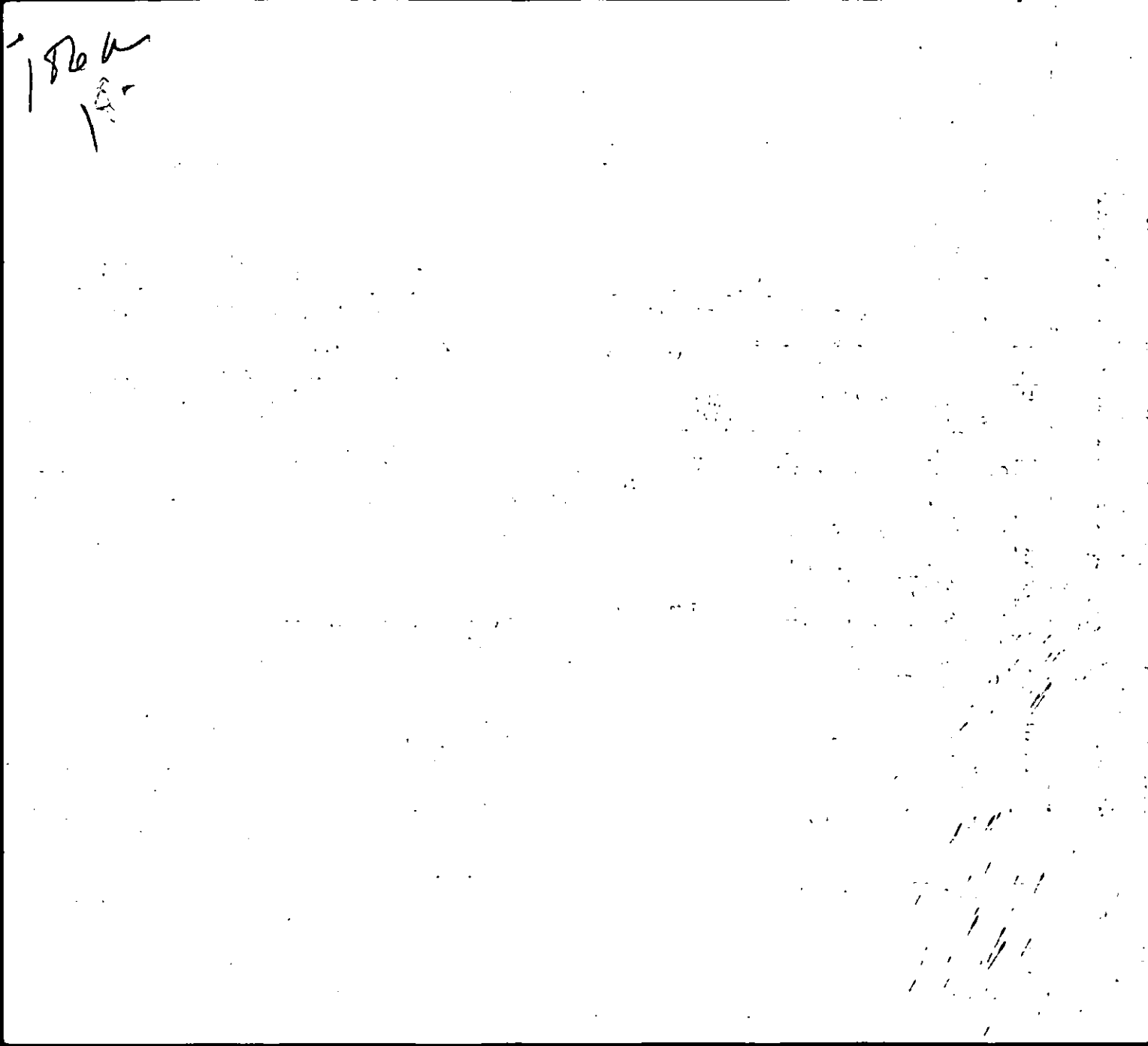
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) *R. J. Gunn*, M. D.(Address) *Cherokee, Mo.*



1866
1867

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11560

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan
(b) Township Morgan
(c) City

Registration District No. 598
Primary Registration District No. 5792

Registered No. _____

(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 Malinda Sims

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 — —

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) McK 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

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:

Bronchial Pneumonia
Fracture of Hip
Date of onset 15

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? fall Date of injury 2-20, 1938 Where did injury occur? at home - Morgan Co. (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. home Manner of injury fall in yard Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) A. J. Gunn M. D. (Address) Leafield 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

