

REC'D JUN 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19704

1. PLACE OF DEATH

County Stoddard
 Township Liberty
 City Advance Mo. (No. _____)

Registration District No. 834Primary Registration District No. 4505

File No. _____

Registered No. 13

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Nathan Sims Jr5:11

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)

Infant

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

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

May 9 1938

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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)

Advance Missouri

FATHER

13. NAME

Nathan Sims

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

Advance Mo

MOTHER

15. MAIDEN NAME

Alartha Johnson

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

Advance Mo

17. INFORMANT (ADDRESS)

Nathan Sims

18. BURIAL, CREMATION, OR REMOVAL

PLACE Merger Memorial DATE May 10 1938

19. UNDERTAKER (ADDRESS)

Clayton S. Wernau

20. FILED

6-9 1938 D. B. McNeely Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 9 193822. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to May 9 1938I last saw him alive on May 9 1938. Death is said to have occurred on the date stated above, at 11 a.m.

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

Isopathic Premature birth caused by fall of mother

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? inspector 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?

If so, specify _____

(Signed) L. E. Lewis M. D.(Address) Advance, Mo.

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

