REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.: 28366
Township: — Primary Registration District No.: 1001 — Registered No.: 859
City: St. Joseph (No. 2319 South 6th. St. Ward)

2. FULL NAME: William E. Simmonds 553
(a) Residence, No. [illegible] St., Ward. Rulo, Nebraska.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. 1 mos. 7 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13, 1865.

7. AGE: YEARS 73 — MONTHS 4 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): 1928.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brown County Kansas.

FATHER
13. NAME: Miles Simmonds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

MOTHER
15. MAIDEN NAME: Lavina Wescott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois.

17. INFORMANT (ADDRESS): Jerome Simmonds 2319 S. 6th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: White Cloud Cem.
PLACE: White Cloud, Ks DATE: August 22, 1938.

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED: 8/20, 1938 H. J. Westebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938, to Aug. 19, 1938
I last saw him alive on Aug. 12, 1938. Death is said to have occurred on the date stated above, at 1:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Heart Disease	1935

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Other contributory causes of importance:
Syphilis
Bronchial asthma

Name of operation: none 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) J. F. Chiavottino M.D.
(Address) 210 Kirkpatrick Bldg St Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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