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.

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

Dr. Lemon

Do not use this space.

REC'D SEP 21 1938

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No. 28922

Township — Primary Registration District No. 2001 — Registered No. 658

3 City Springfield Mo. (No. 525 St. Louis St. Ward)

6 2. FULL NAME Harry H. Simmons 552

(a) Residence, No. 525 St. Louis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Emma Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1850

7. AGE: ✓ YEARS 88 MONTHS 75 DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant
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): Lebanon Tennessee

FATHER
13. NAME: UK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: UK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UK

17. INFORMANT (ADDRESS): Mrs. Harry H. Simmons 525 St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Park DATE: Aug. 27, 1938

19. UNDERTAKER (ADDRESS): Alma Lammeyer Springfield Mo.

20. FILED: Aug 27, 1938 Chas A. George Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from about 1928, to Aug. 25, 1938

I last saw h. m. alive on 8/25, 1938 Death is said to have occurred on the date stated above, at 4 a. m.

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

Senility

Date of onset

162

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) G. B. Lemmon, M. D.

(Address) Springfield, Mo.

290