

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

29334

Do not use this space.

1. PLACE OF DEATH

(a) County Howell (b) Township 2 (c) City West Plains, Mo. (d) Street No. 384 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 4227 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

(a) Residence, No. 503 Grace Ave St. Oss T. Sims (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Gaulding</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1, 1864</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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) <u>Middle, Tenn.</u>		
13. NAME <u>Paris Sims</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk.</u>		
15. MAIDEN NAME <u>Emoline Anderson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>		
17. INFORMANT (ADDRESS) <u>Corbett Sims</u>		
18. Residence <u>Occupation</u> , OR REMOVAL PLACE <u>Gainesville, Mo.</u> DATE <u>Nov. 18, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Thornburgh Funeral Home</u>		
<u>West Plains, Mo.</u>		
20. FILED <u>11/18</u> 19 <u>38</u> <u>Vida W. Simons</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933 19 to Nov. 17 1938

I last saw h. im alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 220

Other contributory causes of importance:
Similarity

Name of operation None Date of

What test confirmed diagnosis? Examination 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) W. H. Hogue M.D.
 (Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed Hal Thornburgh
Licensed Embalmer No. 3408

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.)