

JAN 12 1938

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

41701
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township How Primary Registration District No. 1002
 (c) City Keokuk (d) Street No. 2932 Brooklyn Registered No. 4767
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Leo Herman Simmons

(a) Residence, No. Unknown St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1900 Mar 7

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 39 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 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) MO.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12-8 19

19. FUNERAL DIRECTOR (ADDRESS) Smith Funeral Home
1119 E. 16th

20. FILED Dec 7 19 38 27 27 Corcoran
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-38 19

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

I last saw Deputy Corcoran on 10-2-38, 19. Death is said to have occurred on the date stated above, at 11 m.

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

Hemorrhage - Hemorrh
lacerate Jim
 Date of onset

Other contributory causes of importance:

Name of operation Dist Date of 10-3-38
 What test confirmed diagnosis? Dist Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 10-2-38

Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Lucas wound
 Nature of injury Heavy stab

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

If so, specify Quinell
 (Signed) Quinell M. D.
 (Address) Blue Ridge

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

50M-7-20b-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Clifford Woods, Licensed Embalmer No. 3106

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford Woods
Licensed Embalmer No. 3106

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.)