

REC'D JAN 20 1939

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

44230

Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 433  
 (b) Township Huntsville Primary Registration District No. 4438 Registered No. \_\_\_\_\_  
 (c) City Huntsville (d) Street No. \_\_\_\_\_  
 (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

(a) Residence, No. 26<sup>1/2</sup> Jannier Fox 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 Female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Huntsville Mo

FATHER 13. NAME John Thomas Simms

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

MOTHER 15. MAIDEN NAME Minnie Gray

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

17. INFORMANT (ADDRESS) Mrs. E. E. Bagley  
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Dec 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton  
Huntsville Mo

20. FILED Dec 31 - 1938 Miss D. A. Breuhall  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938 to Dec 29, 1938

I last saw her alive on Dec 29, 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:

Chr. Bright's Disease  
Hypertension

Date of onset  
P.K.  
P.K.

Other contributory causes of importance: 121

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Exam. Was there an autopsy? \_\_\_\_\_

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) Philip V. Dreyer, M. D.

661 (Address) Huntsville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-986

Filed 11/10/39

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Tom B Patton

, or by .....

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

Signed

Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

**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.)**

**If this body is not embalmed, above space should be left blank.**