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.

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

9 County Bollinger 2 Registration District No. 69 File No. 5847

Township Wayne, Primary Registration District No. 5108 Registered No.

City ~~Zalma~~, Mo. (No. ..... St. ..... Ward)

565

2. FULL NAME Jacob Simmerman,

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 20tn 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Indiana,

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) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller,

FATHER

13. NAME Joseph Simmerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

MOTHER

15. MAIDEN NAME Wagner,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

17. INFORMANT (ADDRESS) Mrs Ibie Wells, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE Jan 31 1939

19. UNDERTAKER (ADDRESS) Baker Funeral Home, Sutterville, S Ethiopia

20. FILED Mar 7 1939 Mrs J A Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 30th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1939, to Jan. 30, 1939

I last saw him alive on Jan. 29, 1939 Death is said to have occurred on the date stated above, at 11 A. m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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) Dr. R. A. Smith D.O. ~~M.D.~~

70 (Address) Zalma, Mo.