

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

Do not use this space.

REC'D MAR 9 1939

7065

1. PLACE OF DEATH.

County Lincoln Registration District No. 491
Township Bedford Primary Registration District No. 4298
City Gray (No. _____) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cammie Gibson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 26 1895</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>0</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939, to 3-3, 1939

I last saw her alive on 3-3, 1939 Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Nephritis (chronic)
Myocarditis (chronic)

Other contributory causes of importance: 31

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>
	13. NAME <u>John Mat Simmons</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hawkins Co Tennessee</u>
	15. MAIDEN NAME <u>Josiah Pette</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hawkins Co Tennessee</u>
	17. INFORMANT (ADDRESS) <u>Lloyd Simmons Gray Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mill Creek</u> DATE <u>4-5-39</u>	
19. UNDERTAKER (ADDRESS) <u>Womarrs Undertaking Co. Gray Mo</u>	
20. FILED <u>3-4</u> , 19 <u>39</u> <u>Mrs Pearl Muehl</u> Registrar	

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? _____
If so, specify _____ (Signed) H S Harris, M. D.
107 Mo. (Address)

