REG'D. APR 20 1939

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

12177
Do not use this space.

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.

74

1. PLACE OF DEATH

(a) County St. Francois 3

(b) Township St. Francois 1

(c) or City Near Farmington

Registration District No. 773

Primary Registration District No. 6018A

Registered No. 47

(d) Street No. State Hospital No. 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

550

2. PRINT FULL NAME MATHIAS SIMON

(a) Residence, No. St. Louis, Mo. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	Unknown	Unknown	

OCCUPATION

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

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) Jefferson County Missouri 0

FATHER

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Records of State Hospital No. 4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospt Cemetery DATE March 17, 1939

19. FUNERAL DIRECTOR (NAME) C. Hugo Cozean
(ADDRESS) Farmington, Mo.

20. FILED March 17, 1939 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1939, to 3-16, 1939

I last saw him alive on 3-16, 1939. Death is said to have occurred on the date stated above, at 9:20 p. m.

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

	Date of onset
Hypertensive heart disease (Terminal failure)	yrs
	3
	8

Other contributory causes of importance: Senility & Pneumonia — old age (especially 8 years ago) chronic nephritis

Name of operation None Date of no

What test confirmed diagnosis? Clinical 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? None
(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) C. H. Cozean, M. D.

(Address) Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

me....., Registered Apprentice No.....

working under my personal supervision.

Signed. C. Hugo Cozzens

Licensed Embalmer No. 4084

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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