

MAY 12 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

14420  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008  
 (c) City Fulton (d) Street No. \_\_\_\_\_  
 (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 3 yrs. 4 mos. 4 ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. PRINT FULL NAME

Mary Susan Sims  
 (a) Residence, No. Audrain County 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 D.K. D.K.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI13. NAME George Bowen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARYLAND15. MAIDEN NAME Sarah J. Duncan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.17. INFORMANT (ADDRESS) Records of Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Misses Inn DATE April 24, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. G. G. G.20. FILED April 28, 1939 R. N. Crew  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 193922. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to April 28, 1939

I last saw her alive on April 28, 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Generalized Atherosclerosis inf.  
1072

Other contributory causes of importance:

Bronchopneumonia 2 weeks

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) James Thomas \_\_\_\_\_, M. D.(Address) State Hosp #1 Fulton

**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.....

*Chris Arnold*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3569*

P. O. Address *Myrtle, Mo.*

**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.**