

JUN 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18863

1. PLACE OF DEATH

County JacksonTownship Sm. a. b.City Blue SpringsRegistration District No. 395Primary Registration District No. 5551A

File No.

Registered No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St., ... Ward.

(If nonresident, give city or town and State)

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

George Sims

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

Nov 19 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

59613

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Keeper

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)

Penn

FATHER

13. NAME

Taylor Roberts

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

Penn

MOTHER

15. MAIDEN NAME

Sarah Hardin

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

Penn

17. INFORMANT

(ADDRESS)

Ray Roberts 3214 E. 5th St. John K. M. M.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Blue Springs

DATE

6-5-39

19. UNDERTAKER

(ADDRESS)

R. B. White Blue Springs Mo

FILED June 10, 1939

F. W. Tuttle M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/2/39

22. I HEREBY CERTIFY, That I attended deceased from

DeLeon

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 12:30 m.

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

Date of onset

Electrocuted (Struck by Lightning)

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 6/2/39Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

14 Mrs S. 40 H. - Blue Springs MoManner of injury ElectrocutedNature of injury Struck by lightning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

257 (Address)

DeLeon

M. D.

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.

