

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

19297

Do not use this space.

1. PLACE OF DEATH

(a) County MORGAN Registration District No. 953
(b) Township Morgan New Creek Primary Registration District No. 5793-B
(c) City _____ (d) Street No. _____ 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.

2. PRINT FULL NAME

(a) Residence, No. 520 MARY ELLEN SIMS St. ☐
MORGAN COUNTY, MO
(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 <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>W. E. SIMS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29-1866</u>		
7. AGE <u>73</u>	YEARS <u>1</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>		
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) <u>Morgan County, Mo.</u>		
FATHER	13. NAME <u>Joseph Daniels</u>	<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	<u>4</u>
MOTHER	15. MAIDEN NAME <u>Rebecca Moore</u>	<u>1</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mr. W. E. Marriott</u> <u>Versailles, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freedom</u> DATE <u>May 4</u> , 19 <u>29</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. F. Kidwell</u> <u>Versailles, Mo</u>		
20. FILED <u>5-5</u> <u>1929</u> <u>Julius Cooper</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1929

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1929, to 5-3, 1929

I last saw him alive on 5-3, 1929. Death is said to have occurred on the date stated above, at 7 A. M.

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

Cerebral Hemorrhage
Date of onset 4-21-29

Other contributory causes of importance:

arteriosclerosis & hypertension
1-15-35

Name of operation Chinical Date of _____

What test confirmed diagnosis? _____ 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? _____ (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) Sharon Ashburn, M. D.

(Address) Versailles, Mo.

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

7-39-95-5
6-12-39

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,

Gene Bartram

, or by

Registered Apprentice No., working under my personal supervision

Signed

Gene Bartram

Licensed Embalmer No.

4021

P. O. Address

Versailles, 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.