

650 JUN 20 1939

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

Do not use this space.

19367

1. PLACE OF DEATH

74 County Nodaway

Township

City

9 Maryville
2 520 Nellie Lee

Registration District No. 6265

Registration District No. 3031

(No. St. Francis Hospital)

File No.

Registered No. 66

St. 111

Ward)

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

Female

4. COLOR OR RACE

white

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

Single

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

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

7-27-1866

7. AGE

YEARS

MONTHS

DAYS

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

72

9

18

OCCUPATION

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

In home

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

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

Lee Co Va.

FATHER

13. NAME

William P. Sims

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

Lee Co Va.

MOTHER

15. MAIDEN NAME

Hannah C. Larmer

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

Lee Co Va.

17. INFORMANT (ADDRESS)

Mrs. Jack Warden

18. BURIAL, CREMATION, OR REMOVAL

Paulswood

PLACE

Oak Lawn Chm.

DATE 5-17

19. UNDERTAKER (ADDRESS)

Long & Boyd

20. FILED

5-16

Register

MEDICAL CERTIFICATE OF DEATH

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

5-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1939, to 5-15, 1939.

I last saw him alive on 5-15, 1939. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral hemorrhage
fractured skull

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation none

Date of

What test confirmed diagnosis? Clinical 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 5-15, 1939

Where did injury occur? 2 p.m. 5-15-39 (Specify city or town, county, and State)

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

Manner of injury Fell down stairs at home

Nature of injury Fracture skull cerebral hem.

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

If so, specify

(Signed)

John Boyle

M. D.

(Address)

Conception Junction

556

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.

RECORD

RECEIVED

District Hearing Officer No. 11,

District File Number 11-39-724

Date Filed JUN 19 1939