FILED JUL 12 1940

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

Do not use this space.

File No. 21392

Registered No. 217

1. PLACE OF DEATH

County CAPE GIRARDEAU Registration District No. 125

Township Primary Registration District No. 3009

City CAPE GIRARDEAU (No. 552 ST FRANCIS HOSPITAL St. Ward)

2. FULL NAME EARNEST FRANKLIN SIMMONS

(a) Residence, No. WARDELL MO St., Ward. (Usual place of abode) WARDELL MO (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: MALE

4. COLOR OR RACE: WHITE

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 12 1904

7. AGE: Years 35 | Months 9 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) June 40

11. Total time (years) spent in this occupation

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

FATHER

13. NAME CHARLES SIMMONS

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

MOTHER

15. MAIDEN NAME BETTY WHITEHEAD

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

17. INFORMANT (ADDRESS) MYRTLE SIMMONS WARDELL

18. BURIAL, CREMATION, OR REMOVAL

PLACE WARDELL MO DATE JUNE 20 1940

19. UNDERTAKER (ADDRESS) Lentz Funeral Service Kennett Mo

20. FILED 6-19 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/8 1940, to 6/17 1940

I last saw h.. alive on 6/19 1940 Death is said to have occurred on the date stated above, at 3:35 P.M.

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

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Name of operation ..... 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? Acc. Date of injury 6/8 1940

Where did injury occur? WARDELL MO. (Specify city or town, county, and State)

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

Manner of injury Auto Acc.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Zweth, M. D.

(Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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210 m

S. No. 2B
I—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21392

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape G.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Earnest Franklin Simmons
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of Skull Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

210 M
21

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental
(b) Date of occurrence Motor Vehicle
(c) Where did injury occur? Near Portageville (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. L. Fuerth (M. D. or other)
Address Cape Girardeau Date signed