

FILED DEC 20 1940

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

Do not use this space.

39549

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township 2 Primary Registration District No. 3037
City Moberly (No. Woodland Hospital) St. _____ Ward)

2. FULL NAME

Caroline Simms
(a) Residence, No. Salisbury Mo St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. 0 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 - 1859
7. AGE YEARS 81 MONTHS 9 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME W. H. Simms

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

15. MAIDEN NAME Nancy Rice

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

17. INFORMANT O. J. Halverson (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Mo DATE 11/9 1940

19. UNDERTAKER Geo. Blunkmeyer (ADDRESS) Salisbury Mo

20. FILED Nov 9 1940 Seale William Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1940, to Nov 7 1940

I last saw her alive on Nov 7 1940. Death is said

to have occurred on the date stated above, at 8:45 p. m.

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

Strangulated right inguinal hernia Date of onset Hernia caught Nov. 2, 1940.

Other contributory causes of importance: 122 lb

Name of operation Hernia released Date of Nov. 6, 1940

What test confirmed diagnosis? Operation 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? No.

If so, specify _____

(Signed) P. D. Streeton M. D.

(Address) Moberly, Mo.

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.

RECEIVED

District Health Officer, No. 10

District File Number 12-40-2358

Date Filed DEC 17 1940