FILED FEB 17 1941

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

Do not use this space.

3401

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 25

City Hannibal (No. 3111 Rnedlen St. 64 Ward) 31

2. FULL NAME Ira Leveille Simms

(a) Residence, No. 3111 Rendlen St., 0 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary F. Simms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 23, 1870

7. AGE: YEARS 70 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger
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): Hannibal Missouri 0

FATHER

13. NAME: Robert Sinclair Simms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER

15. MAIDEN NAME: Susan Elizabeth Lear
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): L. L. Simms 2116 Hope

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Olivet Hannibal DATE 1/17/41, 19

19. UNDERTAKER (ADDRESS): Crawford Smith 902 Broadway 4

20. FILED Jan. 15, 1941 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Jan. 14, 1941. I last saw him alive on Jan. 14, 1941. Death is said to have occurred on the date stated above, at 11:55 P.M.

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

	Date of onset
Myocarditis (Degeneration)	not known

Other contributory causes of importance: Carcinoma of rectum. 4 60

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical. 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) W. F. Hauter, M. D.

(Address) Hannibal - 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.

This body was embalmed by James A. Moles

License number 3296