

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.

Social Security No. - 1st.

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

Do not use this space.

FILED MAY 12 1941

14096

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township Fullon Primary Registration District No. 3008
City Fullon (No. 1) St. 1 Ward 1

2. FULL NAME Mary Lee Sime
(a) Residence, No. 11400 Ward. 0
(Usual place of abode) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF George C. Sime 1894

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 -

7. AGE YEARS 46 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.

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

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) Callaway Co Mo 11. Total time (years) spent in this occupation 121

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Callaway Co Mo

13. NAME John E. Meier

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Callaway Co Mo

15. MAIDEN NAME Sallie Boyd

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Mrs. S. B. Brown

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Deceased, George C. Sime DATE 4/13

19. UNDERTAKER (ADDRESS) Central Co Mo

20. FILED 244.11.1941 TP. H. Crease

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1941, to April 11 1941

I last saw him alive on April 11 1941 Death is said to have occurred on the date stated above, at 9:42 am.

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

Coronary embolism Date of onset 4-11-41

Other contributory causes of importance: 121

Ruptured appendix

Name of operation Appendectomy Date of 4-6-41

What test confirmed diagnosis? 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 1941

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. J. Cullhead M. D.

(Address) Fullon Mo.

Dr. Bankhead