

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

Do not use this space.

36024

1. PLACE OF DEATH

County Buchanan
 Township
 City St. Joseph, Mo. (No. 824/9 July)

Registration District No. 85
 Primary Registration District No. 1001

File No.
 Registered No. 1766
 St. _____ Ward)

2. FULL NAME

(a) Residence. No. 824/2 July St. _____ Ward. Rochester, Missouri
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Albert Hector

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 6, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 10 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hosby, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Lee Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gentry Co. Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Vaughn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rochester, Missouri
 (STATE OR COUNTRY)

14. INFORMANT Dale Hector
 (Address) 80 Western Park Co. St. Joseph, Mo.

15. FILED DEC 12 1927 John G. Webb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 8, 1927

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Dec 8, 1927 (that I last saw him alive on Dec 8, 1927, and that death occurred, on the date stated above, at 4:15 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92.5R
11.5R Mitral Stenosis

CONTRIBUTORY (SECONDARY) Infected Teeth
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? W.C. Meyer, M.D.
 (Signed) 12/10, 1927 (Address) Savannah Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rochester, Missouri DATE OF BURIAL Dec 11, 1927

20. UNDERTAKER Eduman Funeral Home ADDRESS 1208 Francis

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.

17 1928

