

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

Do not use this space.

32598

1. PLACE OF DEATH

County Cooper
Township Edwina Home
City (No.) Sarah Howard Simmons

Registration District No. 224
Primary Registration District No. 5305

File No.
Registered No. 16
St. Ward)

2. FULL NAME Sarah Howard Simmons

(a) Residence. No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 8 33

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF James Andrew Simmons

I HEREBY CERTIFY that I attended deceased from 10-5-33 to 10-8-33 that I last saw him/her alive on 10-8-33 and that death occurred, on the date stated above, at 2 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 - 1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis
Disease of Heart
unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 | 3 | 16

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER John Wilson

WHAT TEST CONFIRMED DIAGNOSIS (Signed) A. R. Meredith, M. D.
10-1-33 (Address) Prarie Home

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

*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.

14. INFORMANT Mrs. Walter Durgan (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Alley Cemetery DATE OF BURIAL 10-11 1933

15. FILED 10-11-33 A. R. Meredith REGISTRAR

20. UNDERTAKER Albert Hornbeck Prarie Home

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.

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