

DEC 16 1938

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

Do not use this space.

43829

1. PLACE OF DEATH

County Moniteau

Registration District No. 576

Township Harrison

Primary Registration District No. 5773A

City (No)

St. (No) Ward (No)

2. FULL NAME

(a) Residence, No. Lillie Jane Simmers

(Usual place of abode)

St. Mo

Ward (No)

(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

Elmer Simmers

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

June 18th 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

25

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

Housewife

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)

Olean Mo

13. NAME

John Reynolds

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

N.Y.

15. MAIDEN NAME

Manerva J. Russell

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

Missouri

17. INFORMANT (ADDRESS)

Elmer Simmers

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gray Cem. DATE Dec. 15, 1938

19. UNDERTAKER (ADDRESS)

Eth Steffens
Muskegon Mo

20. FILED

12/14 - 1938
Jewell W. Phillips
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec-13-1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec-12, 1938, to Dec-13, 1938

I last saw him alive on Dec-13, 1938 Death is said

to have occurred on the date stated above, at 11-A-m.

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

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

H/O

Name of operation

Date of

What test confirmed diagnosis? Chemical 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?

If so, specify

(Signed) Edgar D. Ribbe, M. D.

(Address) California Mo.

