

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

**39837**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Moniteau

Registration District No. 576

(b) Township Harrison

Primary Registration District No. 5773A

Registered No. 43

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred

yr. mos. ds. (f) How long in U.S., if of foreign birth? yr. mos. ds.

**2. PRINT FULL NAME** Lillie Jane Simmers

(a) Residence, No. High Point, Mo.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

**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 Elmer Simmers  
(OR) WIFE OF

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

0

25

OCCUPATION

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

9. Industry or business in which work was done, as 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) Ulean.

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME John E Reynolds

14. BIRTHPLACE (CITY OR TOWN) K.Y.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Manerva J Russell

16. BIRTHPLACE (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

17. INFORMANT Elmer Simmers

(ADDRESS)

High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gray Cem.

DATE Dec. 15th, 1938

19. FUNERAL DIRECTOR (NAME) G. N. Steffens

(ADDRESS)

Russellville, Mo.

20. FILED 12/14

1938

Jewell W. Phillips

Local Registrar

508

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1938, to Dec. 13, 1938

I last saw him alive on Dec. 11, 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:

Circumstances of Liver

Date of onset May 1938

Other contributory causes of importance:

Name of operation Clinical Date of 16

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) Eagan A. Noble, M. D.

(Address) California, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

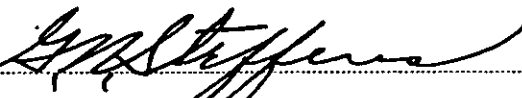
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

G.N. Steffens

Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**