

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.

*Cope & Anderson*

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

PLACE OF DEATH  
County Lafayette  
Township \_\_\_\_\_ or \_\_\_\_\_  
Village \_\_\_\_\_ or \_\_\_\_\_  
City Lexington (NO. Washington St.; 4 Ward)  
Registration District No. 461 File No. 4 16523  
Primary Registration District No. 3024 Registered No. \_\_\_\_\_  
FULL NAME Martha J. Simmermon (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)
DATE OF BIRTH <u>Nov 16, 1849</u> (Month) (Day) (Year)		
AGE <u>64</u> yrs. <u>5</u> mos. <u>7</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Lexington Mo.</u>		
PARENTS	NAME OF FATHER <u>William Groom</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Pike Co Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Mary Sidwell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pike Co Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Apr 23, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 16, 1914, to April 23, 1914, that I last saw her alive on April 23, 1914, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Broncho pneumonia  
1618  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY)  
91  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. J. Cope M. D.  
Apr 24, 1914 (Address) Lexington Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted  
If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Lexington Mo</u>	DATE OF BURIAL <u>Apr 24, 1914</u>
UNDERTAKER <u>Ernest Kuegel</u>	ADDRESS <u>Lexington Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur Simmermon  
(ADDRESS) Lexington Mo  
Filed May 8, 1914 J. J. Cope REGISTRAR

