

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

Do not use this space.

31241

1. PLACE OF DEATH

County Oregon

Registration District No. 632

Township Thayer

Primary Registration District No. 5882

City Thayer (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Alfred Douglas Simmons

(a) Residence No. St. Ward.

(Usual place of abode)

(If nonresident give name of town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? 73 yrs. 10 mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Louisa Hahn

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

Oct-24-1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. ... min.
<u>73</u>	<u>10</u>	<u>12</u>	<u>0</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Grantburg

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Andrew Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Elizabeth Brooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Mr A D Simmons

15.

FILED

Sept. 6 1928

C. Shea

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-8-1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 30, 1928, that I last saw him alive on Aug 30, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis -

77

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

910

(duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H B Skell, M. D.
Address Mainmash Spring Ark 6

*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

DATE OF BURIAL

Avon Illinois

9/12 1928

20. UNDERTAKER

ADDRESS

A. L. Carr

Thayer Mo

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.

