

MAY 28 1930

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

Do not use this space.

15093

## 1. PLACE OF DEATH

County SullivanRegistration District No. 851Township BuchananPrimary Registration District No. 6123

City..... (No. ....)

File No. 6Registered No. 81

St. .... Ward)

2. FULL NAME Mayme Simmons

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 29-1893</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>9</u>
	DAYS <u>27</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) <u>Putnam Co. Mo.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Lee R. Jeffen</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Putnam Co Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Sarah Wodeon</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Putnam Co Mo.</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Pearl Simmons</u> (Address) <u>Green City Mo</u>		
15. <u>1/27</u> 19 <u>30</u> <u>W Parsons</u> REGISTRAR		

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>April 26 1930</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>June 15</u> 19 <u>29</u> to <u>April 26</u> 19 <u>30</u> that I last saw her alive on <u>April 26</u> 19 <u>30</u> and that death occurred, on the date stated above, at <u>11:50 P</u> m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Apoplexy</u> <u>181</u> <u>82 A</u> <u>109</u> (duration) ..... yrs. .... mos. .... ds. CONTRIBUTORY <u>High blood pressure +</u> (SECONDARY) <u>Nephritis</u> (duration) <u>2</u> yrs. .... mos. .... ds.
18. WHERE WAS DISEASE CONTRACTED <u>974th</u> 19. NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF..... WAS THERE AN AUTOPSY? <u>no</u>
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) <u>W. M. Riggins</u> M. D. . 19 (Address) <u>Green City Mo.</u>
*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 <u>Chatham Home Cemetery</u> <u>Putnam Co Mo</u> DATE OF BURIAL <u>Apr 29 30</u>
20. UNDERTAKER <u>Courstock Mee Co</u> ADDRESS <u>Unionville</u>

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.

