

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

Do not use this space.

41542

1. PLACE OF DEATH

County Marion Registration District No. 547
Township X Primary Registration District No. 3019
City Hannibal (No. 2316, Market)

File No. _____
Registered No. 323
St. 5th Ward

2. FULL NAME Alice Virginia Simmons

(a) Residence, No. 2316 Market 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 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 George H Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 11

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. Home

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) Hannibal Missouri

MOTHER FATHER 13. NAME Stewart Self

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Virginia

MOTHER 15. MAIDEN NAME Nancy Silvers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Virginia

17. INFORMANT Miss Florence Simmons (Daughter)
(ADDRESS) 2316 Market Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Dec. 13, 1931

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 923 Bldg. Hannibal, Mo.

20. FILED 1/12/31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1928 to Dec 11, 1931

I last saw her alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Myocarditis chronic

930

97

930

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. H. Staudley, M. D.

(Address) Hannibal Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

