

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

Do not use this space.

7488

**1. PLACE OF DEATH**

County... Buchanan ..... Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City..... St. Joseph, (No. Missouri Methodist Hospital ..... St. .... Ward)

**2. FULL NAME**

John William Simmons,  
 (a) Residence, No. 211 East Poulin ..... St. .... Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Essie Simmons,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 21, 1871</b>		
7. AGE YEARS <b>60</b>	MONTHS <b>4</b>	DAYS <b>2</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer.</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Locomotive 114 Railway.</b>
	10. Date deceased last worked at this occupation (month and year) <b>1932</b>
	11. Total time (years) spent in this occupation <b>4 1/2</b>

12. BIRTHPLACE (CITY OR TOWN) **Livingston Co.,**  
 (STATE OR COUNTRY) **Missouri, 1**

FATHER 13. NAME **Jacob Simmons,**

14. BIRTHPLACE (CITY OR TOWN) **Unknown, 2**  
 (STATE OR COUNTRY) **Ohio,**

MOTHER 15. MAIDEN NAME **Martha Cooper,**

16. BIRTHPLACE (CITY OR TOWN) **Unknown, 1**  
 (STATE OR COUNTRY) **Missouri,**

17. INFORMANT **Mrs. J. W. Simmons**  
 (ADDRESS) **211 East Poulin Street.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Utica, Mo.** DATE **March 25, 1932**

19. UNDERTAKER **Theaton, Bell, & Bauman**  
 (ADDRESS) **319 S. 10th St. Funeral Home**

20. FILED **MAR 24 1932** **John R. Bender**  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 23, 1932**  
 22. I HEREBY CERTIFY, That I attended deceased from **Jan. 22, 1932 to March 23, 1932**  
 I last saw him alive on **March 22, 1932** Death is said to have occurred on the date stated above, at **11:50 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Arteriosclerotic ulcer** Date of onset **1931**  
**117B**  
**107A / 117B**  
**118B**  
 Other contributory causes of importance: **Broncho Pneumonia 3/21/32**

Name of operation **Gastro-enterostomy** Date of **3/18/32**  
 What test confirmed diagnosis? **Operation** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** 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 **none**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify.....

(Signed) **H. J. Thompson**, M. D.  
 (Address) **825 Charles Street, St. Joseph, 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1932

