

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

Do not use this space.

23151

14

**1. PLACE OF DEATH**

49 County Jasper Registration District No. Li  
 7 Township Edelena Primary Registration District No. 2002  
 5 City Joplin (No. St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Don Claire Sims

(a) Residence, No. 1053 Kentucky St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1930  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) Joplin, Missouri

13. NAME Owen W Sims

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo

15. MAIDEN NAME Morine Dualls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jouva 2

17. INFORMANT Owen W Sims  
 (ADDRESS) 1053 Kentucky Ave Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest Cemetery, Joplin DATE July 8, 1932

19. UNDERTAKER Lanpher Mortuary  
 (ADDRESS) Joplin, Missouri

20. FILED 7/8 1932 W. E. Kenney Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 7, 1932  
 last saw him alive on July 8, 1932. Death is said to have occurred on the date stated above, at 1:25 Am.

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

9-les-Colitis Date of onset 6/14/32

120B / 120

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? chemical Was there an autopsy? no

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?  
 If so, specify \_\_\_\_\_ (Signed) W. E. Kenney, M. D.  
 (Address) Miners Bank Bldg.

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.

AUG 3 4 1932

