

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.

NOV 28 1932

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

Do not use this space.

**33332**

1. PLACE OF DEATH  
 92 County St Charles Registration District No. 760  
 6 Township Leisure Primary Registration District No. 5999  
 3 City Henryville No. 4435 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Louis Simms  
 (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 Lifetime us. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>0</u>	<u>6</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. \_\_\_\_\_

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) Henryville Mo

MOTHER

13. NAME Louis Simms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co, Mo

15. MAIDEN NAME Laura Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co, Mo

FATHER

17. INFORMANT (ADDRESS) Laura Simms

18. BURIAL, CREMATION, OR REMOVAL Wesleyan Cem. DATE Oct 30 1932

19. UNDERTAKER (ADDRESS) M & Bill Henryville Mo

20. FILED 10/30 1932 W. Caldwell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932 to Oct 29 1932  
 I last saw him live on Oct 28 1932 Death is said to have occurred on the date stated above, at 4 A m.  
 The principal cause of death and related causes of importance were as follows:  
Marasmus for 15 158  
158  
 Other contributory causes of importance: fully nourished  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 no 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no injury  
 Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. B. Kennedy, M. D.  
 (Address) Wesleyan Cem

