

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

Do not use this space.

13035

1. PLACE OF DEATH

County Ymely Registration District No. 330
 Township Franklin Primary Registration District No. 8017
 City Franklin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Birdie Gertrude Similek
 (a) Residence, No. 1112 East 9th St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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 Mrs Similek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 18

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. None

10. Date deceased last worked at this occupation (month and year) Death 15, 1932 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leamouth, Canada

13. NAME Frances Maria Bidwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT Mrs Similek (ADDRESS) Franklin, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Woodsbury DATE April 30, 1933

19. UNDERTAKER Dave Thomas (ADDRESS) Franklin, Mo

20. FILED 1 May 1933 E A Claffey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to April 27, 1933

I last saw h. or alive on April 27, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Myocarditis with dilation of heart.
50
 Date of onset 4/5/1933

Other contributory causes of importance: 19/1/1933

Metastatic Carcinoma of General Carcinoma of Esophagus
Disruption of Cervical Esophagus
 Date of 3/1/1933

Name of operation Autopsy Breast Date of 3/1/1933
 What test confirmed diagnosis? Microscopic findings 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? No

If so, specify _____ (Signed) J B Moon _____ M. D.
 (Address) Franklin, 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.
 MAY 22 1933

