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

Do not use this space.

9624

1. PLACE OF DEATH
County McDonald
Township Pineville
City ..... (No. ..... St. ..... Ward)

Registration District No. 1149
Primary Registration District No. 5698

File No. .....
Registered No. 3

2. FULL NAME Charles William Simons

(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 yrs. mos. 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~
HUSBAND OF (OR) ~~WIFE OF~~ Lillie Simons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 13 1876

7. AGE: Years 58 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pitties
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) Davenport Iowa

FATHER
13. NAME W W Simons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Hattie Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Lillie Simons Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Kan DATE 3-20 1934

19. UNDERTAKER (ADDRESS) Bingham's Neosho Mo

20. FILED 3-22 1934 Lee Carnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Mch 19 1934
I last saw him alive on Mch 12 1934. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
of	
Stomach	
4 to 6	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) R. C. Larimore, M. D.
(Address) Neosho Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.