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.

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

OCT 11 1934

Do not use this space.

File No. 28167

Registered No. 175

1. PLACE OF DEATH

County: Adair

Registration District No. 4

Primary Registration District No. 3001

Township:

City: Kirksville, Mo. (No. , St. Ward)

2. FULL NAME: Emily Pitkin Simmons

(a) Residence, No. 815 S. Franklin, St., Ward.
(Usual place of abode) Kirksville, Mo. (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: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George E. Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 26, 1850

7. AGE: Years 83 Months 3 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

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): Several years.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillsboro, Missouri.

FATHER

13. NAME: Phillip Pitkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- not known

MOTHER

15. MAIDEN NAME: Sophia Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- not known

17. INFORMANT: Lucie Simmons
(ADDRESS) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cemetery DATE 8/30, 1934
Macon, Mo.

19. UNDERTAKER (ADDRESS): Albert Skinner, Macon, Mo.

20. FILED Sept. 17, 1934 Spencer Meenan
Registrar.

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2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1934 to Aug. 29, 1934

I last saw her alive on Aug. 29, 1934. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

	Date of onset
Coronary embolism	8/29/34

Other contributory causes of importance:

General arterio sclerosis

Name of operation --- Date of

What test confirmed diagnosis? History. 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) E. S. Smith, M. D.

(Address) Kirksville

Tel 955