

NOV 9 1934

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

Do not use this space.

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1. PLACE OF DEATH

County Sedalia Registration District No. 668  
Township..... Primary Registration District No. 3032  
City Sedalia (No.....) St. .... Ward)

File No. 358  
Registered No. 668

2. FULL NAME

Robert Oliver Simmons

(a) Residence, No. 1305 E 15 St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Simmons  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1867  
7. AGE YEARS 65 MONTHS 4 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
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) Oct, 1934 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownville Mo.

13. NAME Richard Van Buren Simmons

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

15. MAIDEN NAME Elizabeth Zeller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT Ray W. Simmons (ADDRESS) Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE ..... 19.....

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED Oct 20, 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Oct 16, 1934  
I last saw him alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 7:30 AM  
The principal cause of death and related causes of importance were as follows:

Diarrhea  
Gastro Enteritis (Date of onset Oct 14)  
Other contributory causes of importance.....

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?..... 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) Frank R. Mosley M. D.  
(Address) Sedalia Mo

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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