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.

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

Do not use this space.

23650

1. PLACE OF DEATH
County [illegible]
Township [illegible]eke
City ..... (No. ..... St. ..... Ward)

Registration District No. 919
Primary Registration District No. 5793a

File No. .....
Registered No. 11

2. FULL NAME George Floyd Simmons

(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: Edith Sanders Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6 1892

7. AGE: YEARS 43 | MONTHS 11 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): June 1936
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo

FATHER
13. NAME: Wm C Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Julia Couch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo

17. INFORMANT (ADDRESS): Mrs Floyd Simmons Stover

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Paul Cem DATE: June 24 1936

19. UNDERTAKER (ADDRESS): C. R. [illegible] Son Stover Mo

20. FILED: July 10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 23, 1936
I last saw him alive on June 23, 1936. Death is said to have occurred on the date stated above, at [illegible] P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis	Dont Know

Other contributory causes of importance: Prolapse of Rectum

Name of operation: none 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? No
If so, specify .....
(Signed) Chas A [illegible], M. D.
(Address) Stover [illegible]

JAN 22 1945
DEC 8 1955