

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 121File No. 40601Township Cape GirardeauPrimary Registration District No. 3009Registered No. 401City Cape Girardeau(No. S. E. Hospital)St. Pauletan

Ward

2. FULL NAME

(a) Residence, No. John Patterson SimmonsSt. Pauletan

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 15

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 8:45 P.M.

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

78 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) Charleston Mo13. NAME James A. Simmons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennesse15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) A. J. Simmons, 1801 South Sparta Wichita Kansas18. BURIAL, CREMATION OR REMOVAL PLACE DATE Charleston Mo Nov 30 3619. UNDERTAKER (ADDRESS) Franklin Funeral Home, Charleston Mo20. FILED 11-27-36 Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 11, 193622. I HEREBY CERTIFY, That I attended deceased from 10-25, 1936, to 11-27-36, 1936.I last saw him alive on 11-28, 1936. Death is saidto have occurred on the date stated above, at 8:45 P.M.

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

(1) Amblyosis of Prostate

(2) Lung hemorrhage secondary to encapsulated pleuritic abscess.

Date of onset 20 yrs ago

Other contributing causes of importance:

Name of operation Prostatic Resection Date of 11-27-36What was the confirmed diagnosis? Phy. exam Was there an autopsy? Yes

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? _____

(S. 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) Paul B. Dueschauer, M. D.(Address) Cape Girardeau Mo

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.

