

N.B.—Every item of information should be carefully supplied. Accuracy is very important. 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.

JUN 22 1937

20209

1. PLACE OF DEATH
 County Lawrence Registration District No. 383
 Township Madberry Primary Registration District No. 5534
 City Lawrence No. _____ St. _____ Ward _____

2. FULL NAME Floris May Simmerman
 (a) Residence, No. 1212 1/2 W. 1st 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. 4 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Simmerman

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1909

7. AGE YEARS <u>28</u>	MONTHS <u>7</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1937

22. I HEREBY CERTIFY That I attended deceased from April 25, 1937 to April 25, 1937

last saw _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 2:29

The principal cause of death and related causes of importance were as follows:
Head when I arrived. Paralysis. Evidence was either apoplexy or disease of heart.

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence

FATHER
 13. NAME H. A. Lawry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Joe Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) J. J. Simmerman
1212 1/2 W. 1st St.

18. BURIAL, CREMATION, OR REMOVAL
Interred DATE _____ 19____

19. UNDERTAKER (ADDRESS) J. J. Simmerman
1212 1/2 W. 1st St.

20. FILED 6-19 1937 G. W. Winkler Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Testimony 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. Ferrell M. D.
 (Address) 1212 1/2 W. 1st St.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jay Registration District No. 383 File No. 20209
 Township Rockaberry Primary Registration District No. 5534 Registered No. _____
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Theresa May Simmerman

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) in

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 7 12

OCCUPATION

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Theresa Simmerman

18. BURIAL, CREMATION, OR REMOVAL TO PLACE Fairfax Ig DATE April 27, 1937

19. UNDERTAKER (ADDRESS) John J. Amey

20. FILED June 19, 1937 G. W. Kingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. 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

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) T. E. Terrell, M. D.
 (Address) 1214 Vine

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND FILED

5-20209