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.

JUN 22 1937

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No. 20440
Township Joachim — Primary Registration District No. 5575 — Registered No. 46
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lillian Pearl Simms 1
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25-1902

7. AGE: 35 YEARS 2 MONTHS 2 DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Iron Co. Mo

FATHER
13. NAME: Charles Joines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iron Co. Mo.

MOTHER
15. MAIDEN NAME: Huldah Fakes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iron Co. Mo.

17. INFORMANT (ADDRESS): Ed Simms Festus R+A 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lucas Ennis DATE: 5/30, 1937

19. UNDERTAKER (ADDRESS): Fink Emb. Co. Festus Mo

20. FILED 5/28, 1937 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937, to May 27, 1937
I last saw her alive on May 27, 1937. Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5-1-37 (?)

Other contributory causes of importance: 107a
—
—
—

Name of operation: none Date of —
What test confirmed diagnosis? clinical 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) John F. Rutledge, M. D.
(Address) Crystal City, Mo.