

REC'D JUL 22 1938

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

22359
Do not use this space.

1. PLACE OF DEATH

(a) County Macou Registration District No. 534
(b) Township _____ Primary Registration District No. 4319 Registered No. 3
(c) City New Cambria (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Catherine Simmons

(a) Residence, No. New Cambria Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Watt Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12-1866
7. AGE YEARS 72 MONTHS 0 DAYS 1 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Macou Co Mo

FATHER 13. NAME Timothy Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Catherine Donahoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Mary E. Woodward (ADDRESS) New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter's Cemetery DATE Apr 15 1938

19. FUNERAL DIRECTOR (NAME) Howard Gillett (ADDRESS) New Cambria Mo

20. FILED July 8 1938 O. West Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 10th 1938 to Apr 13th 1938
I last saw her alive on Apr 13 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset Apr 10 1938

Other contributory causes of importance: High Blood Pressure

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) O. West, M. D.

(Address) New Cambria 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Howard J. Gilleland

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Howard J. Gilleland

Licensed Embalmer No. *4019*

P. O. Address *New Cambria Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; above space should be left blank.