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.

REC'D AUG 24 1938

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

Do not use this space.

File No. 25340

Registered No. 570

Registration District No. 316

Primary Registration District No. 2001

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 724 N Clay St., Ward)

2. FULL NAME: Edward Simmons
(a) Residence, No. 724 N Clay 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Winnie Simmons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1907-11-12
7. AGE: Years 30 Months 8 Days 14 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Jasper Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Lottie Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Winnie Simmons 724 N Clay

18. BURIAL, CREMATION, OR REMOVAL: Lincoln Mem. DATE: July 24
19. UNDERTAKER (ADDRESS): V. P. Carstens

FILED July 23, 1938 Chas. D. Bragg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him alive on July 22, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Both legs severed at hips	
Body badly cut at groin	
Fell under train	

2073

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? accident Date of injury July 22 1938
Where did injury occur? R.R. yards Springfield Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Fell under train
Nature of injury: Train accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. Ferguson Cooper, M. D.
(Address) 512 McDaniel Bldg Springfield Mo