

REC'D NOV 17 1938

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

Do not use this space.

35495

1. PLACE OF DEATH

County Cooper Registration District No. 218 File No. _____
Township Boonville Primary Registration District No. 3015 Registered No. 97
City Boonville Mo St. Joseph Hospital St. _____ Ward _____

2. FULL NAME Infant of Henry T. Simmons and Wife

(a) Residence, No. _____ St. 11 Hrs. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
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) Boonville Mo
(STATE OR COUNTRY)

MOTHER 13. NAME Henry T Simmons
14. BIRTHPLACE (CITY OR TOWN) Pilot Grove Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Lona L. Edwards
16. BIRTHPLACE (CITY OR TOWN) Otterville Mo
(STATE OR COUNTRY)

17. INFORMANT Henry T. Simmons
(ADDRESS) Pilot Grove Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Ponsula Cem. DATE 10-21-1938

19. UNDERTAKER (ADDRESS) Wagon Blockline Co
Pilot Grove Mo

20. FILED Oct. 20, 1938 D. S. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct., 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938, to Oct 19, 1938

I last saw h.e.r. alive on Oct., 17, 1938. Death is said

to have occurred on the date stated above, at 5 P. m.

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

Respiratory Failure
Possibly due to injury of
respiratory center

Date of onset

Other contributory causes of importance:

Eclampsia of Mother
Forceps Delivery

Name of operation _____ 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) J. O. Boley, M. D.(Address) Pilot Grove

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed H/8/38