

8 JAN 8 1940

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

44943  
Do not use this space.

1. PLACE OF DEATH

(a) County Washington 3 Registration District No. 887  
 (b) Township Bethel 1 Primary Registration District No. 479 Registered No. \_\_\_\_\_  
 (c) City Patton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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. moa. ds.

2. PRINT FULL NAME

553 Beriah M. Simmons  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 5 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Board wife  
 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) Washington Mo

FATHER 13. NAME Jae Scott

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

MOTHER 15. MAIDEN NAME Laura Brecken

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

17. INFORMANT (ADDRESS) Beriah M. Simmons  
Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE Dec 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks  
Patton Mo

20. FILED Dec 10, 1939 G. F. Creaswell  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1939, to Dec 4, 1939  
 I last saw her alive on Dec 5, 1939 Death is said to have occurred on the date stated above, at 7 A. m.  
 The principal cause of death and related causes of importance were as follows:

Tularemia  
44A  
 Other contributory causes of importance:  
Dieting chickens  
rabbits

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) G. F. Creaswell M. D.  
808 (Address) Patton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**