

JAN 21 1936

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

Do not use this space.

40805

1. PLACE OF DEATH
9th County St. Francis Registration District No. 773
Township " Primary Registration District No. 4464
City Farmington Mo 140 (No. ") St. " Ward "

2. FULL NAME Jeremia Sime
(a) Residence, No. " 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.

File No. "
Registered No. 167

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Sime

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel work
10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) near Farmington (STATE OR COUNTRY) St. Francis Co.

13. NAME W. H. Mitchell

14. BIRTHPLACE (CITY OR TOWN) near Farmington (STATE OR COUNTRY) St. Francis Co.

15. MAIDEN NAME Katherine Mahala Cunningham

16. BIRTHPLACE (CITY OR TOWN) Farmington (STATE OR COUNTRY) St. Francis Co.

17. INFORMANT Agnes Knowles - Farmington, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE Dec. 11, 1935

19. UNDERTAKER Joe Deimer - Flat River, Mo. (ADDRESS)

20. FILED 12-10-1935 V. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935 to Dec 9, 1935

I last saw her alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 12a.m.

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

Chronic Cardio-Renal
Uremic disease

Date of onset

1931

Other contributory causes of importance:

Cerebral hemorrhage

1933

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) Geo. H. Watkins, M. D.

(Address) Farmington Mo.

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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