

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

Do not use this space.

JUL 19 1940

22712

1. PLACE OF DEATH

County St. Francois Registration District No. 224
Township St. Francois Primary Registration District No. 6018B
City Exher (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 956

2. FULL NAME

Melvin E. Simmons
(a) Residence, No. St. Francois Co St. Mo (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 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 Walter Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1917

7. AGE YEARS 23 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. add job

10. Date first worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo

13. NAME John Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo

15. MAIDEN NAME Hester Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo

17. INFORMANT (ADDRESS) Hester Simmons

18. BURIAL, CREMATION OR REMOVAL Woodlawn DATE 5-31 1940

19. UNDERTAKER (ADDRESS) Goodwell Bros

20. FILED 7/4 1940 W. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to May 29 1940
I last saw him alive on May 29 1940 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:

Acute pulmonary edema Date of onset 5-29-40

Other contributory causes of importance: 23

Pulmonary tuberculosis 1937

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? No
If so, specify _____
(Signed) W. C. Brown M. D.
(Address) Exher, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S. S. No. 498-09-7476

