

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

Do not use this space.

16433

**1. PLACE OF DEATH**

County Cape Gir  
Township Shawnee  
City Brook

Registration District No. 134  
Primary Registration District No. 5780

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susan Elizabeth Simmons

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 - 1850

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>5</u>	<u>23</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Near Jackson  
(STATE OR COUNTRY) Cape Colony

PARENTS

10. NAME OF FATHER Peter Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Malinda Sawyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) N. Carolina

14. INFORMANT J. E. Martin  
(Address) Jackson Mo RFD #1

15. FILED 5/23 18 Oliver Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from June 15th, 1927, to May 23, 1928 that I last saw him alive on May 23, 1928, and that death occurred, on the date stated above, at 12.25 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cause of return  
45  
CONTRIBUTORY (SECONDARY) Paralysis  
(duration) yrs. mos. ds. 6  
(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) P. J. Miller, M. D.  
, 19 (Address) Egypt Miller Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McKin Cemetery DATE OF BURIAL May 24 1928

20. UNDERTAKER Cracraft & Miller ADDRESS Jackson 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.

1928  
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