

K. 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.

MAY 23 1930

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

Do not use this space.

File No. 1011945

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 126  
 Township Hubble Primary Registration District No. 126  
 City Gordonville Mo. (No. ....) St. .... Ward)

2. FULL NAME Mr Conrad Simmons  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 28 Dec 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>73</u>		<u>3</u>	<u>29</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co.

10. NAME OF FATHER Hy Conrad Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hannover Germany

12. MAIDEN NAME OF MOTHER Wilhelmina Bartelz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co.

14. INFORMANT Martin Kerstner  
 (Address) 14 Gordonville Mo.

15. Apr 28 30 W. D. Dwyer  
 FILED 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
In the opinion of Dr W. S. Martin of Oak Ridge Mo. death was caused by "leakage of the heart" which had been treated by him for approximately a year

CONTRIBUTORY (SECONDARY) 92.17  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH MO

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Sherman Haugh, Coroner  
 , 19 (Address)

\*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 Christ Lutheran Cemetery DATE OF BURIAL April 29 1930

20. UNDERTAKER W. Lombard & Sons & Sons Co ADDRESS Jackson Mo

