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STATE OF MISSOURI }
 CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Garland H Land

Garland H. Land
 State Registrar of Vital Statistics

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

PLACE OF DEATH
 County Greene
 Township _____
 Village _____
 City Springfield MO. 1213 N Robinson St. 5 Ward _____
 Registration District No. 318 File No. 23521
 Primary Registration District No. 2001 Registered No. 375

FULL NAME Frank Simmons

(If death occurred in a hospital or institution, give the NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIAGE STATUS married
(If less than 1 day, hrs. or min.)

DATE OF BIRTH Sept 3 1857
(Month) (Day) (Year)

AGE 52 yrs 11 mos 1 ds.
If less than 1 day, hrs. or min.

OCCUPATION
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Grocer

BIRTHPLACE (City or town, State or foreign country) Rouses

NAME OF FATHER Simmons

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Ant Knowl

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Delia Simmons
 (ADDRESS) 1213 N Robinson

Filed Aug 5 1910 S. E. Moody
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 1909, to Aug 3 1910, that I last saw him alive on Aug 3 1910, and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
12 H
 (Duration) 1 yrs. 4 mos. 1 ds.

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Geo Cox M. D.
Aug 4 1910 (Address) 223 South

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSMENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Maple Park DATE OF BURIAL Aug 5 1910

UNDERTAKER Dr J Meyer & Co ADDRESS City