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

Do not use this space.

File No. 20927 2809

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Ward
City: Kansas City No. St. Mary's Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Mary Zoelda Simpson
(a) Residence. No. 3407 Penn St., 3-0 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: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 28, 1854

7. AGE: Years 74 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Sullivan Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Nathan Keithley
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY):

14. INFORMANT: Mrs. A. N. Albsman
(Address): 1311 N. Lawndale

15. FILED: 6-30, 1928 M M Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1928

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to June 29, 1928, that I last saw h. alive on June 29, 1928, and that death occurred, on the date stated above, at 5:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumococcus nephritis
1 3/24
1 1/2 hr
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Pneumococcus Osteomyelitis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Path. lesions
(Signed) R. L. Thorp, M. D.
6/30, 1928 (Address) 6 St. Anthony Hotel

*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: Forest Hill
DATE OF BURIAL: 7-2 1928

20. UNDERTAKER: D. H. Newcomer
ADDRESS: Sedalia 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.