DEC 26 1928

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

Do not use this space.

36289

File No. .....

Registered No. 1258

1. PLACE OF DEATH
County: Cape Girardeau Registration District No. 125
Township: Cape Girardeau Primary Registration District No. 3009
City: Cape Girardeau (No. SE Mo Hospital St. ..... Ward)

2. FULL NAME: Lorna Simpson

(a) Residence. No. 520 Bellevue 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 27-1901

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	7	22	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Construction
(b) General nature of industry, business, or establishment in which employed (or employer): Worker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis, Mo.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Louis Simpson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Miss Dora Brencke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cape Girardeau
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. R. J. Smith
(Address): Cape Girardeau Mo

15. FILED: 11/19, 19 28 Lockaemper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1928, to Nov. 18, 1928, that I last saw him alive on Nov. 18, 1928, and that death occurred, on the date stated above, at 3.32 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Phil R. Williams, M.D.
, 19 (Address) Cape Girardeau, 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: Fairmont Cemetery

DATE OF BURIAL: Nov. 21 1928

20. UNDERTAKER: Al Dunkopf

ADDRESS: 536 Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD