

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

Do not use this space.

337

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 98

City St. Joseph,

(No. 1919 Savannah Ave.)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Carmi Lincoln Simpson

(a) Residence. No. 1915 Washington Ave. St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

**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

Lida Simpson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct, 6, 1865

**7. AGE**

YEARS 63

MONTHS 3

DAYS 16

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Shopman, St. Railway Co.

(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)

Sommerville, Ill.

PARENTS

**10. NAME OF FATHER**

John Simpson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Va.

**12. MAIDEN NAME OF MOTHER**

Charlotte Sherman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill.

**14.**

INFORMANT

Mrs. Lida Simpson

(Address)

1915 Washington Ave.

**15.**

FILED 23 1929

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan, 22, 1929 1929

**17. I HEREBY CERTIFY** That I attended deceased from Jan 19 1929 to Jan 22 1929 that I last saw him alive on Jan 22 1929, and that death occurred, on the date stated above, at 4:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral apoplexy (duration) \_\_\_\_\_ yrs. mos. da. 3

CONTRIBUTORY arteriosclerosis (SECONDARY) (duration) unknown da.

**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? Clayton

(Signed) Resor Beck M. D.

1/23/1929 (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**

DATE OF BURIAL

Ashland Cemetery

Jan, 24, 19 29

**20. UNDERTAKER**

ADDRESS

1302 Paragon St.

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

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.

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JAN 23 1929

John G. My  
J. S.

Wm. McMeek

