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

Do not use this space.
21760
2068

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City Kansas (No. 1609 Garfield St. Ward)

File No.
Registered No.

2. FULL NAME Selford Simpson
(a) Residence. No. 1609 Garfield St., 4 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 4, 1929

7. AGE: Years | Months: 2 | Days: 14 | 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

158

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Henry Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Gladis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kansas

14. INFORMANT: Gladis Simpson
(Address): 1209 East 18

15. FILED 7/8, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21st 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/21/29. 19..., to 6/21/29. 19..., that I last saw h. alive on 6/21/29. 19..., and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malnutrition
Malnutrition,
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Lack of feeding
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH?: no
DID AN OPERATION PRECEDE DEATH? No DATE OF: no
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Henry B. Ryan, M. D.
6/22, 1929 (Address) 1 E. 8 Wine

*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: Leeds Mo. — DATE OF BURIAL: 7-10 1929

20. UNDERTAKER: R. Moore — ADDRESS: 1820 E. 18

1820 E 18

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