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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 39757
Township — Primary Registration District No. 1001 — Registered No. 1437
City St. Joseph Mo. (No. Missouri Methodist St. Ward)

2. FULL NAME Henry Sherman Simpson
(a) Residence. No. (Usual place of abode) St., Ward. Cameron, Missouri (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 Bertha Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1881

7. AGE: YEARS 48 — MONTHS 7 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broadhead, Kentucky

PARENTS
10. NAME OF FATHER J. C. Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky
12. MAIDEN NAME OF MOTHER Nannie Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

14. INFORMANT Elmo Simpson (Address) Cameron Mo

15. FILED DEC 17 1929 19 John G. Uth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1929, to Dec. 17, 1929 that I last saw him alive on Dec. 17, 1929, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple fractures of the skull with laceration of brain & cerebral edema
Auto Accident near Cameron Mo (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Cameron, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec. 16-1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinicle symptoms, X-Ray & autopsy. Caryl Potter, M. D.
(Signed)
Dec. 17, 1929 (Address) 731 Faraon St. Joseph 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: Cameron, Mo — DATE OF BURIAL: Dec 19 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun