NOV 24 1930

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

Do not use this space.

32782

1. PLACE OF DEATH

County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Kansas City, Missouri — St. — Ward)

File No.

Registered No. 305

2. FULL NAME Mrs. Josephine Simpson

(a) Residence. No. 10010 Lexington, Kansas City, Mo. 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: Female

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: Thomas E. Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 30, 1853

7. AGE: Years 76 — Months 10 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Randolph County
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas Mudd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Angela Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT Thomas E Simpson
(Address) 10010 Lexington AVE

15. FILED 10-3, 1930 F L Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1930, to Sept 30, 1930, that I last saw her alive on Sept 30, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis

131

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290

(duration) yrs. mos. 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? —

(Signed) A E Adkins, M.D.

10-3, 1930 (Address) Fort Station KC 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: Mt Calvary KCK — DATE OF BURIAL: 10/4 1930

20. UNDERTAKER: Butler & Son — ADDRESS: K.C.K.

WRITE PLAINLY, WITH UNFADING INK---THIS ... 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.