

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.

8375

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. City Prec # 2)

Registration District No. 291
Primary Registration District No. 008

File No.
Registered No. 2937
.....St.Ward)

2. FULL NAME

Alfred Simpson
(a) Residence. No. 1437 1/2 Middle St. 25 Ward.
(Usual place of abode)
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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-18-1905</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>7</u>
		DAYS
		<u>8</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Laborer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Simpson

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

12. MAIDEN NAME OF MOTHER Lillie Powell

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

14. INFORMANT a kinship death
(Address) City Prec # 2

15. FILED 19 Mar 13 1931
Chas. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/16, 1931, to 2/16, 1931, that I last saw h. alive on 2/16, 1931, and that death occurred, on the date stated above, at 6:12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized Peritonitis
Acute Ruptured Gastric Ulcer
(duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY) Ulcer (duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DATE OF OPERATION (PRECEDING DEATH) 2-16-31

DATE OF 2-16-31

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood, Miss.

DATE OF BURIAL Mar 13 1931

20. UNDERTAKER John B. Pope

ADDRESS 2931 Lucas

*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.

