

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

16192

File No. \_\_\_\_\_  
Registered No. **4671**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City \_\_\_\_\_ (No. **1571** Dec 2, 1903)

**2. FULL NAME**

**Elford Wayne Simpson**

(a) Residence. No. **1521 Deep St.** St. **6** Ward.

Length of residence in city or town where death occurred yrs. **2** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 26, 1904**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<b>26</b>	<b>8</b>	<b>19</b>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Librarian 219**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Emerson**  
(STATE OR COUNTRY) **Iowa**

PARENTS	10. NAME OF FATHER <b>Silas James Simpson</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY) <b>" 31"</b>
	12. MAIDEN NAME OF MOTHER <b>Nellie Belle Bullock</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY) <b>11</b>

14. INFORMANT **Elford Simpson**  
(Address) **Birmingham Ala.**

15. **APR 18 1931**  
FILED 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-15 1931**

17. **No physician attendance**  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at **8:40 a.** \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Asphyxiation due to fuel gas poisoning (self-administered)**  
**1/4 hr** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

**Drinking** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. H. [Signature]** M. D.  
(Address) **Deputy Coroner**

\*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 **Simox Hills S. Ga.** DATE OF BURIAL **Apr 19 1931**

20. UNDERTAKER **Alexander & Sons** ADDRESS **6175 Delmar**

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—THIS IS A PERMANENT RECORD

