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.

18212

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1062

City Kansas City (No. 1316 West 50th Terrace St. Ward)

File No.

Registered No. 2354

2. FULL NAME Clarence F. Simpson

(a) Residence. No. 1316 West 50th Terrace St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth R. Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	42	11	0	

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

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

PARENTS

10. NAME OF FATHER: Robert F. Simpson

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

12. MAIDEN NAME OF MOTHER: Minnie Six

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

14. INFORMANT: Mrs. Ruth Simpson
(Address) 1316 West 50th Terrace

15. FILED May 26, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1914, 19..., to May 25, 1931, that I last saw him alive on May 24, 1931, and that death occurred, on the date stated above, at 4:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris abdominalis
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY): Myocarditis following flu 3 mos. ago
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF no -
WAS THERE AN AUTOPSY? no -
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) E. L. Miller, M. D.
May 26, 1931 (Address) 1032 Professional Bldg.

*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	DATE OF BURIAL
Mt. Moriah Cemetery K.C.Mo.	5-27-31

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	K.C.Mo.