

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

Do not use this space.

30894

1. PLACE OF DEATH

County Daviess Registration District No. 254
 Township Benton Primary Registration District No. 1154
 City Pattonsburg (No. _____) (If nonresident, give city or town and State) _____ St. _____ Ward _____

2. FULL NAME

Orma LaRue Simpson

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14/31</u>				
7. AGE	YEARS <u>X</u>	MONTHS <u>8</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30/31, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1931, to Sept. 30 1931
 I last saw her alive on Sept 30 1931. Death is said to have occurred on the date stated above, at 11-45 P.M.
 The principal cause of death and related causes of importance were as follows:

1195
791
791
 Other contributory causes of importance:
Secondary to Diphtheria
and Colitis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviess Co</u> <u>Pattonsburg, Mo</u>
	13. NAME <u>Elmer Owen Simpson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dekalb Co Mo</u>
	15. MAIDEN NAME <u>Goldie Lee Mikes</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviess Co, Mo</u>
	17. INFORMANT <u>Elmer Simpson</u> (ADDRESS) <u>Pattonsburg, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u> DATE <u>10/1/31</u> , 19 <u>31</u>	
19. UNDERTAKER <u>W. Kramer</u> (ADDRESS) <u>Pattonsburg, Mo</u>	
20. FILED <u>9-30</u> , 19 <u>31</u> <u>John G. Parker</u> Registrar.	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John G. Parker, M. D.
 (Address) Pattonsburg, Mo

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.

OCT 22 1931

WHILE CLAIMING WITH UNFAVORING INFORMATION THIS IS A PERMANENT RECORD

