

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

Do not use this space.

34940

1. PLACE OF DEATH

County

Linn

Registration District No.

496

Township

Primary Registration District No.

3025

City

Brookfield

No.

St.

Ward

2. FULL NAME

Mary L. Simpson

(a) Residence, No.

Brookfield Hospital St. Second Ward.

Purdin, Mo.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

S. J. Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9-14-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

1

—

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.

At Home

10. Date deceased last worked at this occupation (month and year)

Oct 7 31

11. Total time (years)

spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wright Co Mo

FATHER

13. NAME

Center Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Do not know Alabama

MOTHER

15. MAIDEN NAME

Matilda Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Do not know Alabama

17. INFORMANT (ADDRESS)

J. S. Simpson Purdin Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bearbranch

DATE

Oct-16 1931

19. UNDERTAKER (ADDRESS)

Gurriel Brookfield Mo.

20. FILED

10/16

1931

Bessie M. Foxe Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct 9 1931 to Oct 14 1931

I last saw him alive on

Oct 14 1931

Death is said

to have occurred on the date stated above, at

8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial

Acute Peritonitis

1213

131

131

121

Other contributory causes of importance:

Chronic Pleuritis Hypertension

Date of onset

10/8/31

Name of operation

Cyanotholam

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

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)

J. B. Hale M. D.

(Address)

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.

NOV 24 1931

