

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

Do not use this space.

12469
1398

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1082
City K.C. Mo. No. 2019 Summit

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2019 Summit St. _____ 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph C. Simpson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 12 1848</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Maryland</u>		
MOTHER	13. NAME <u>John Bellar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u> 31	
	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>	
17. INFORMANT <u>G. C. Simpson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>dedaha Mo.</u> DATE <u>4-3</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. D. Forster</u> <u>K.C. Mo.</u>		
20. FILED <u>4/2</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2 1932

22. I HEREBY CERTIFY, That, I attended deceased from Deputy Coroner _____, 1932, to _____, 1932.
I last saw h. _____ alive on _____, 1932. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocard Date of onset _____
93
97 930

Other contributory causes of importance:
arterio sclerosis (5)

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____, 1932.
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) Deputy Coroner, 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.

Dr. J. J. ...
St. Marys Hosp.
Dr. J. J. ...

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