

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

Do not use this space.

29517

1. PLACE OF DEATH

County Jackson
Township Law
City Paris City mo (No. Sen. 1 Hoop # 2)

Registration District No. 2607
Primary Registration District No. Sen. 1 Hoop # 2

File No. 3701
Registered No. 3701
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1713 Holmes Ward. 3
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-16-1890</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>4</u>
	DAYS <u>27</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>Unemployed</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>Madisonville Mo.</u>		
FATHER	13. NAME <u>Charles Simpson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>E. Sen Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT (ADDRESS) <u>Residence Sen. Hoop. no 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lawn</u> DATE <u>10-3-24</u>		
19. UNDERTAKER (ADDRESS) <u>West Athleton + Jones</u> <u>1400 118 19th St</u>		
20. FILED <u>10/2 32</u> <u>M. M. Crowe</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/32

22. I HEREBY CERTIFY, That I attended deceased from 8/27/32 to 9/13/32
I last saw him alive on 9/13/32 Death is said to have occurred on the date stated above, at 12:30 pm
The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure Date of onset _____
Cardiac insuff. (1)
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Chin. Lab. Was there an autopsy? None

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) Wm. Miller, M. D.
(Address) Sen Hoop No 2

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

