

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

Do not use this space.

4884

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City _____ (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 42

2. FULL NAME

Callen Francis Simpson
 (a) Residence, No. 1209 N. Spanish 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

13. NAME Ledger Simpson

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

15. MAIDEN NAME Elsie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Magdalen Talightly
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys Cemetery DATE 14 1933

19. UNDERTAKER Lighthouse P & W Co
 (ADDRESS) Cape Girardeau Mo

20. FILED 2/14 1933 W. K. Kumpff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1933 to 2/13 1933
 I last saw her alive on 2/13 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
73A Sphonic Anemia

Other contributory causes of importance:
13

Name of operation none 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) W. K. Kumpff, M. D.
 (Address) Cape Girardeau Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

27 1933

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.

