WHITE 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.

JUN 22 1933

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

Do not use this space.

16373

1. PLACE OF DEATH

44 County Holt — Registration District No. 369 — File No. 6

Township ~~South~~ Union — Primary Registration District No. 5475 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Orval Cleveland Simpson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 31, 1915

7. AGE: YEARS 18 — MONTHS 6 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Work on farm
10. Date deceased last worked at this occupation (month and year): May 15, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Co. Mo.

FATHER

13. NAME: Grover C. Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Margaret Stiker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): G. C. Simpson, Craig Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: 100.7 Cem. DATE: May 19, 1933

19. UNDERTAKER (ADDRESS): C. W. David, Craig Mo.

20. FILED 5-19- 1933 J. M. Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933 to May 18, 1933

I last saw him alive on May 16, 1933. Death is said to have occurred on the date stated above, at 2 a. m.

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

Intestinal Volulus following accidental fall — Date of onset

1860

Other contributory causes of importance: 1860

101

Name of operation: History — Date of

What test confirmed diagnosis? — Was there an autopsy? no

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: On farm hauling

Nature of injury: hay

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) D. L. Perry, M. D.

(Address) Mound City Mo