

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

Do not use this space.

20925

1. PLACE OF DEATH

95 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Valley Park (No. One Highway 66 1 mile west Vandover Rd Ward)

2. FULL NAME

Thos N Simpson
 (a) Residence, No. Crescent mo St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single (Widowed)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Florence Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tuck Pointer
 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 _____

MEDICAL CERTIFICATE OF DEATH

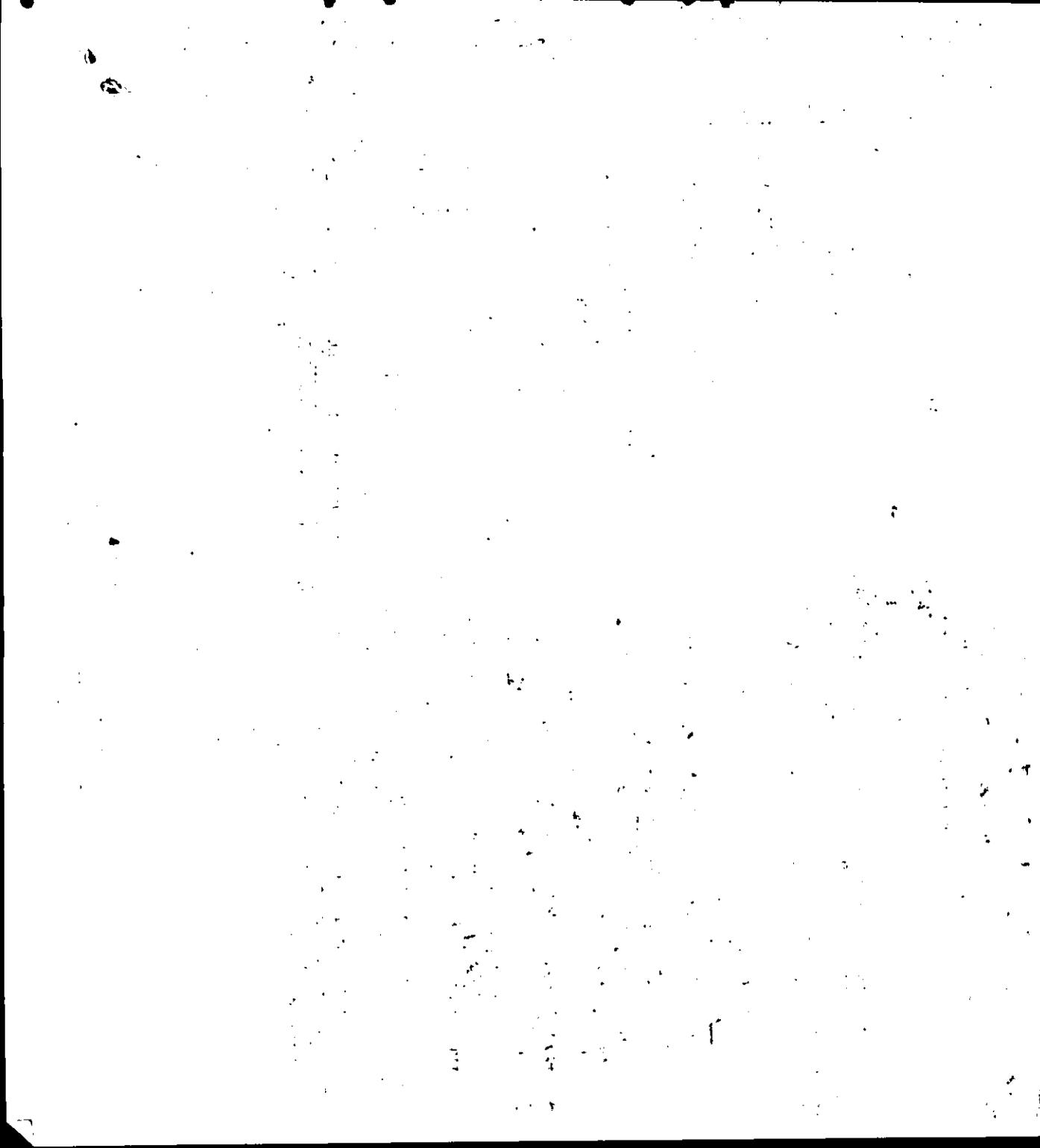
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1:14 AM 6-28-1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:14 a.m.
 The principal cause of death and related causes of importance were as follows:
Auto accident; Multiple fractures of head, with laceration through cranium; Left chest crushed, with puncturing & collapse of left lung; Rupture of left kidney & spleen; Date of onset 1030
 Other contributory causes of importance: _____
Hemorrhage, Verdict of Jury Unavoidable accident at Valley Park, Mo.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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: Luba B. Turner M.D.
 (Address) 3718 Jennings Rd. c/37/23
 Registered: L. E. Barnett Registrar

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 13. NAME Mack Simpson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Sarah
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Ollie Mae Parisii
 (ADDRESS) 3809 Cabadie Ave St Louis
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 7-3-33
 19. UNDERTAKER Louis H. Hoff
 (ADDRESS) Waldwood Mo
 20. FILED 7-1 19 33 L. E. Barnett
 (Address) 3718 Jennings Rd. c/37/23
 Registered: L. E. Barnett Registrar

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.

JUL 1 1933

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Barhamme
City St. Louis (No. _____)

Registration District No. 785
Primary Registration District No. 6031

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

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/15 1933 P. E. Bennett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1933

22. I HEREBY CERTIFY That I attended deceased from _____, to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the _____ stated above, at _____ m.

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

Accident
Stepped in front of automobile while a pedestrian
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? accident Date of injury 6/28 1933

Where did injury occur? Public Place
(Specify city or town, county; and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hit by automobile while a pedestrian
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-20925