

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

Do not use this space.

33628

1. PLACE OF DEATH

59 County Swingston Registration District No. 508
 1 Township _____ Primary Registration District No. 3026
 7 City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 128

2. FULL NAME Dr. Arthur J. Simpson

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alta Simpson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19-1874</u>		
7. AGE	YEARS <u>09</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. <u>Doctor M. D.</u>	
	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) <u>Springhill Mo</u>		
FATHER	13. NAME <u>William R Simpson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springhill Mo</u>	
MOTHER	15. MAIDEN NAME <u>Arabella Hoag</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesport Mo</u>	
17. INFORMANT <u>Alta Simpson</u> (ADDRESS) <u>Chillicothe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgewood Cem</u> DATE <u>Nov 2 - 1933</u>		
19. UNDERTAKER <u>Jan J Gordon</u> (ADDRESS) <u>Chillicothe Mo</u>		
20. FILED <u>11-1-35</u> <u>Ronald M. Dowell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1933, to 10-31-33, 1933.
 I last saw him alive on 10-31, 1933. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis with
urigenic pericarditis
9:4 A
9:30
10:30
Pneumonia
 Date of onset 1926

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Physical examination 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation? No.
 If so, specify _____
 (Signed) Ronald M. Dowell, M. D.
 (Address) Chillicothe, Mo

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.

NOV 10 1933

