

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

Do not use this space. 33765

**1. PLACE OF DEATH**

County Montrou  
Township Walden  
City California (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 59  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>March 8, 1897</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>36</u>	<b>MONTHS</b> <u>7</u>	<b>DAYS</b> <u>12</u>	<b>IF LESS than 1 day, ..... hrs. or ..... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Hennepin</u>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>			
<b>11. Total time (years) spent in this occupation</b>				
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Cooper County Mo</u>				
<b>MOTHER FATHER</b>	<b>13. NAME</b> <u>Geo. Simpson</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Butler Co. Mo</u>			
	<b>15. MAIDEN NAME</b> <u>Martha Reed</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Montrou Co Mo</u>			
<b>17. INFORMANT</b> <u>Alfred J. Stinson</u> (ADDRESS) <u>St. Louis, Mo</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE <u>St. Louis</u> DATE <u>10-22-1933</u>				
<b>19. UNDERTAKER</b> <u>J. E. Richards</u> (ADDRESS) _____				
<b>20. FILED</b> <u>Oct 21, 1933</u> <u>J. R. Coppage</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY**, That I attended deceased from Oct 10, 1933 to Oct 21, 1933

I last saw h. in alive on Oct 21, 1933 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Dermoid (cystic) tumor of left ovary. Date of onset \_\_\_\_\_

Other contributory causes of importance: Pertussis following operation

Name of operation Laparotomy Date of the 18

What test confirmed diagnosis? operation 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 of deceased?** no

If so, specify \_\_\_\_\_

(Signed) L. L. Latham, M. D.  
(Address) California Mo

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.

NOV 10 1933

