

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

Do not use this space.

37658

1. PLACE OF DEATH

County St. Francois Registration District No. 33
 Township Randolph Primary Registration District No. 60466
 City Leadwood (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 76

2. FULL NAME Layton S. Simpson

(a) Residence, No. Leadwood 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Simpson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1884
 7. AGE YEARS 49 MONTHS 9 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Blacksmith
 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) Fronton (STATE OR COUNTRY) Missouri

13. NAME John Simpson

14. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sabila McFarland

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

17. INFORMANT Mary Simpson (ADDRESS) Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE Nov. 27, 1933

19. UNDERTAKER C. G. Boyer (ADDRESS) Desloge Missouri

20. FILED 11/27 1933 W. E. Aubrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1933 to Nov. 25 1933
 I last saw him alive on Nov. 25 1933 Death is said

to have occurred on the date stated above, at 3:15 PM
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis (Date of onset _____)
(bilateral)

Other contributory causes of importance: _____

Name of operation _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Arnold Markitz M. D.
Lebanon, Mo. (Address)

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. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO LIBRARY

1950

20

W

2

6