

OCT 22 1935

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

Do not use this space.

25077

1. PLACE OF DEATH

County Franklin
Township Independence
City (No. Ward)

Registration District No. 288

File No. _____

Primary Registration District No. 11925406 Registered No. _____2. FULL NAME Francis Elmer 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lillie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 18817. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or ms.
54 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Dorado Ill13. NAME Benjamin Simpson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Ill15. MAIDEN NAME Rose Wiggins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Ill17. INFORMANT P. D. Simpson
(ADDRESS) Highway 10018. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell DATE 8/5 193519. UNDERTAKER W. H. Eby
(ADDRESS) Loggott Ark20. FILED Sept 14 1935 Muller Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6th 193522. I HEREBY CERTIFY, That I attended Deceased from Sept 20th 1935 to Aug 6th 1935I last saw him alive on Aug 4th 1935 Death is said to have occurred on the date stated above, at 2 P.M.

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

Septicemia due to carbuncle infection back of neck
Date of onset _____

Other contributory causes of importance:

Diabetes mellitus

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? _____ 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) W. H. Eby, M. D.(Address) Keokuk 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.

