

JAN 20 1936

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

Do not use this space.

40642

1. PLACE OF DEATH
 County Platte Registration District No. 695
 Township Waldron Primary Registration District No. 2074
 City Waldron (No. _____) St. _____ Ward _____

2. FULL NAME Jefferson Davis 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 74 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1861

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>9</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farley Mo.

MOTHER

13. NAME Isaac Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

15. MAIDEN NAME Kettie Jane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Mo.

17. INFORMANT (ADDRESS) Mrs J. L. Simpson Waldron Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE Dec. 11 1935

19. UNDERTAKER (ADDRESS) L. H. Francis Parkville Mo.

20. FILED Jan 10 1936 J. S. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1935 to Dec 9 1935
 I last saw him alive on Dec 9 1935 Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset _____
131
 Other contributory causes of importance:
Paralysis Agitans

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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) S. P. Ford M. D.
 (Address) Parkville 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.

~~1935-²²⁷9-12~~

~~1861-28-2-~~

- 10

1935 12-³⁰9

1861 2-28

74-9-02