

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

Do not use this space.

SEP 18 1936

30102

1. PLACE OF DEATH

County Callaway
Township Sutton Mo.
City Sutton Mo. (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 266
St. Ward)

2. FULL NAME

Permelia Simpson

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.K.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D.K.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.K.
10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

FATHER 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT State Hospital Reports (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospitals & Grounds DATE Aug 23 1936

19. UNDERTAKER P. Emerson Sutton Mo (ADDRESS)

20. FILED 8/23 1936 P. M. Creese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936, to August 22, 1936
I last saw him alive on August 22, 1936. Death is said to have occurred on the date stated above, at 12:15 AM
The principal cause of death and related causes of importance were as follows:

Date of onset
Heart Exhaustion 8-1-36
Other contributory causes of importance:
Senility 1/6/36

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? No.
If so, specify
(Signed) F. A. Barnett M. D.
(Address) State Hosp. No. 1
Sutton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. AVE should be stated EXACTLY. AVE should be stated EXACTLY.

