SEP 15 1936

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

Do not use this space.

32568 8438

1. PLACE OF DEATH St. Mary's Infirmary

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1536, Papin St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Willie Simpson

(a) Residence, No. 107 a Clark St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abe Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 12, 1903

7. AGE: YEARS 33 | MONTHS 5 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonn Tennessee

FATHER

13. NAME: Douglas Chamberlain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Mississippi

MOTHER

15. MAIDEN NAME: Irene Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Mississippi

17. INFORMANT (ADDRESS): Abe Simpson 107 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Aug 14 1936

19. UNDERTAKER (ADDRESS): Jas. H. Randle & Son 920 No. Leonard Ave

20. FILED AUG 13 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to August 11, 1936

I last saw her alive on August 11, 1936. Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Date of onset

Tubo-ovarian Abscess (Rt)
Cause unknown
Pus-Salpingitis (Left)
Non Venereal Non Puerperal
Non Tuberculous Non Traumatic

Other contributory causes of importance:
organism Unknown

Name of operation Incision & Drainage Date of 7/19/36

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) M. W. Foster, M. D.

(Address) St. Mary's Infirmary

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.