OCT 21 1936

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

Do not use this space.

35253

File No.
Registered No.

1. PLACE OF DEATH
County Pike
Township Prairieville
City (No. , St. Ward)
Registration District No. 687
Primary Registration District No. 5-915

2. FULL NAME Wm. M. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1847

7. AGE: Years 88 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. 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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

FATHER
13. NAME Wilburn Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Susana McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike-Co-Mo

17. INFORMANT Mr. P.R. Dawson
(ADDRESS) Eolia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Sept 28 1936

19. UNDERTAKER Gooch-Hdwe Co.
(ADDRESS) Eolia Mo

20. FILED Sept 28, 1936 - B M Gooch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23-36, 19 to 9-26-36, 19
I last saw him alive on 9-25-36, 19 1-15 p.m. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Pancreas	
Other contributory causes of importance:	
Parotid Abcess	9-24-36

Name of operation: none Date of
What test confirmed diagnosis? clinical 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) T. N. Wilson, M. D.
(Address) Bowling Green 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN FOR BINDING

V.S. No. 2-A

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

Do not use this space.

1. PLACE OF DEATH
County: Pike
Township: Prairieville
City: ..... (No. ..... St. ..... Ward)

Registration District No. 687
Primary Registration District No. .....

File No. .....
Registered No. .....

2. FULL NAME: Wm M. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19 - 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	10	7	

OCCUPATION

8. 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 occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co - Mo

FATHER

13. NAME: Wilburn Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Susana McDanold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co - Mo.

17. INFORMANT (ADDRESS): Mrs R. L. Dawson - Eolia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch Cemetery DATE: Sept 28, 1936

19. UNDERTAKER (ADDRESS): Gooch Hardware Co Eolia Mo

20. FILED: Sept 28, 1936 - B. M. Gooch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset

Other contributory causes of importance:

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) ....., M. D.
(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RE BINDING