

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

Do not use this space.

44221

**1. PLACE OF DEATH**

County Dade  
Township Everton  
City Everton (No. \_\_\_\_\_)

Registration District No. 236  
Primary Registration District No. 4143

File No. 57  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bessie Eunice Simpson

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1898

7. AGE YEARS 38 MONTHS 3 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper  
9. Industry or business in which work was done, as silk mill, sawmill, 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) Indianapolis

FATHER 13. NAME William Hastings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

MOTHER 15. MAIDEN NAME Myrtle Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

17. INFORMANT Alonso Simpson (ADDRESS) Everton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Narrissan Ark DATE Dec 24, 1936

19. UNDERTAKER J. N. Ward, Garfield Mo (ADDRESS)

20. FILED Dec 23, 1936 O. P. Faires M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936 to Dec 23, 1936

I last saw her alive on Dec 23, 1936 Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Lobar Pneumonia Date of onset Dec 15, 1936

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) O. P. Faires, M. D.

(Address) Everton Mo

