

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

Do not use this space.

FEB 5 1937

57

1. PLACE OF DEATH

County Audrain Registration District No. 26
Township Salt River Primary Registration District No. 3002
City Mexico (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. 9

2. FULL NAME George W. Simpson

(a) Residence, No 124 S. Clark 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>4</u>	<u>29</u>	

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

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) Jefferson City, Mo. (STATE OR COUNTRY) Mo.

13. NAME James Simpson

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

15. MAIDEN NAME Malinda (unknown)

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Gussie Simpson (ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn, Mo. DATE 1/22/37 19.

19. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Missouri

20. FILED Jan 21 1937 B. Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1937

I HEREBY CERTIFY, That I attended deceased from Dec 3 1937 to 1-20 1937

I last saw him alive on 1-20 1937. Death is said to have occurred on the date stated above, at 3:10 P. m.

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

Embolism of whole left heart including lungs - aneurysm of central hemorrhage

Other contributory causes of importance:

Atherosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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 R. W. Van Hungen, M. D.

(Signed) M. Blanche Neely (Address) Mexico Mo

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

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.

