

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.

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

Do not use this space.

FEB 17 1937

2200

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 1 Township Marion Primary Registration District No. 3129
 8 City Hannibal (No. St. Elizabeth Hospital) Registered No. 31
 St. _____ Ward _____

2. FULL NAME

Virgie Christine Simpson
 (a) Residence, No. 12916 Kenwood Ave. S. St. 5 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 - 1919
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 - 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 1
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 2
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ 1

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.
 FATHER 13. NAME James R. Simpson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vieland Ill.
 15. MAIDEN NAME Ethel Brewington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sago Mo.
 17. INFORMANT (ADDRESS) James R. Simpson
Hannibal Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Zion Cem. DATE Jan. 19 - 1937
 19. UNDERTAKER (ADDRESS) Wm. H. Chubb
Hannibal Mo.
 20. FILED Jan 20 1937 H. C. Crisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 - 1937
 22. I HEREBY CERTIFY That I attended deceased from 1-8-37 to 1-17-37
 I last saw her alive on 1-17-37, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Uraemia - acute
Nephritis
 Date of onset _____
 Other contributory causes of importance:
Influenza
 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) W. P. Burney M. D.
 (Address) Hannibal Mo

