MAR 16 1937

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

Do not use this space.

5128

File No. 212

Registered No.

**1. PLACE OF DEATH**

County BUCHANAN — Registration District No.

Township WASHINGTON — Primary Registration District No.

City ST. JOSEPH (No. 1605 BETTIE ST. St. Ward)

**2. FULL NAME** MRS. MARY NANCY SIMPSON

(a) Residence, No. 1605 BEATTIE St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FEMALE | WHITE | WIDOWED |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY, 20, 1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 69 | 8 | 26 | |

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CHARLES COUNTY MISSOURI

FATHER

13. NAME JOHN LYONS

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

MOTHER

15. MAIDEN NAME JANE GISH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MISSOURI

17. INFORMANT (ADDRESS) WILLIAM SIMPSON ST. JOSEPH, MO. 1605 BEATTIE

18. BURIAL, CREMATION, OR REMOVAL
PLACE WHEELING, MO. DATE FEB. 18, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 2-17, 1937 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 36 to 2/13, 37

I last saw her alive on 2/13, 37. Death is said to have occurred on the date stated above, at 7:00 A. M.

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

| | Date of onset |
|---|---|
| Tube of Lungs | unknown |
| T-B. of Lungs | |

Other contributory causes of importance:

Name of operation 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) C. S. Branson, M. D.

(Address) 212 Kirk Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.