

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

Do not use this space.

15525

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 26

Township Haw

Primary Registration District No. 002

Registered No. _____

City Kansas City (No. St Joseph Hospital)

St. _____ (Ward) _____

2. FULL NAME Infant Robert Nugent Simpson

(a) Residence, No. 4337 Woodland 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 - 1937

7. AGE YEARS MONTHS DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Robert N Simpson

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

15. MAIDEN NAME Irene Hershey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.

17. INFORMANT Robert Simpson (ADDRESS) 4337 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE March 4 1937

19. UNDERTAKER Mr C J Croster (ADDRESS) 913 Broadway

20. FILED Mar 4 1937 M M Crause Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-3-37 to 3-3-37

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Still born
Blocking of cord

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) Jacob A. Allen, M. D.
(Address) 114 24 South Main St

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.

Professional Bldg.

1A - 0286

100

Li 7000

1424