MAY 19 1937

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

Do not use this space. 16081

1. PLACE OF DEATH

County: Clay — Registration District No. 201 — File No. 47

Township: Liberty — Primary Registration District No. 5280 — Registered No.

City: Liberty (No. , St. Ward)

2. FULL NAME Mary Francis Simpson

(a) Residence, No. Excelsior Springs Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dollie Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	1	12	

OCCUPATION

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

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) Ky.

FATHER

13. NAME Richard Woodroof

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

MOTHER

15. MAIDEN NAME Martha Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs Perry Rice
(ADDRESS) Excelsior Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE 4/24/37

19. UNDERTAKER Claude Prechard
(ADDRESS) Excelsior Spgs Mo

20. FILED 4/23/37 E. T. Brant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937, to Apr 22, 1937

I last saw her alive on Apr 21, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m. p.m.

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

	Date of onset
Chronic Nephritis	
Myocardial Degeneration	

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) J. H. McMillan, M. D.

(Address) Liberty Mo