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.

1. PLACE OF DEATH JUN 29 1937
County Shelby — Registration District No. 827 — File No. 21504
Township Clay — Primary Registration District No. 4500 — Registered No. 12
City Clarence (No. ..., ..., St. ..., Ward)

2. FULL NAME Eliza Simpson
(a) Residence, No. ..., 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850 Aug 25
7. AGE 86 YEARS 8 MONTHS 17 DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) La Paria Adams Ill

FATHER
13. NAME William H Shields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

MOTHER
15. MAIDEN NAME Sarah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

17. INFORMANT (ADDRESS) Louis J. Simpson
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Wood DATE May 14 1937
19. UNDERTAKER (ADDRESS) Million & Bockelman
20. FILED May 14 1937 Roy Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 12th, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 12:25 P.m.
The principal cause of death and related causes of importance were as follows:
The Coroner Jury find that the deceased came to her death by being struck and killed by train No 74 on Burlington Rail Road.
Date of onset
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 May 12, 1937
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 Struck by train.
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C W Musgrove (Coroner)
(Address) Bethel, Mo.