AUG 11 1937

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

Do not use this space.

26287

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. Research Hospital St. Ward)

2. FULL NAME John Claude Simpson
(a) Residence, No. 1609 Oak 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ethel Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1874

7. AGE: 63 YEARS, 4 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer
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): Hickory Hill (Cole Cty) Mo.

FATHER
13. NAME: Calvin C. Simpson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Sarah J. Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller, Mo.

17. INFORMANT (ADDRESS): Mrs. Ethel Simpson, 1609 Oak

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawnee, Kansas DATE July 15, 1937

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED July 14, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25-, 1937, to 7-13, 1937
I last saw him alive on 6-13, 1937 Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cardia stomach	Mos back, (?)
46	

Other contributory causes of importance:
Metastasis to liver, Pleural effusion, General Carcinomatosis (?)

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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. J. Hunt, M. D.
(Address) Prof Bldg K. C. Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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