AUG 27 1937

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

Do not use this space.

File No. 27996

Registered No. 81

1. PLACE OF DEATH
County: Pemiscot
Township:
City: Caruthersville (No. St. Ward)
Registration District No. 651
Primary Registration District No. 4388

2. FULL NAME: Kelly Simpson
(a) Residence, No. 6 18th 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-13-1913
7. AGE: Years 24 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): 7-6-1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

FATHER
13. NAME: Henry Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER
15. MAIDEN NAME: Sallie Spillinghawk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT: Sallie Simpson (ADDRESS) Caruthersville Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Moore Cemetery DATE July 29, 1937
19. UNDERTAKER: [illegible] (ADDRESS) Caruthersville Mo
20. FILED July 29, 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-18-, 1937, to 7-20-, 1937
I last saw him alive on 7-20, 1937. Death is said to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Malaria	?

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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) [illegible], M. D.
(Address) Caruthersville, 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

100M-3-28-3