AUG 31 1937

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

Do not use this space.

File No. 28558

Registered No.

1. PLACE OF DEATH
County: Sullivan — Registration District No. 852
Township: Polk — Primary Registration District No. 6130
City: Milan (No. ... St. ... Ward)

2. FULL NAME: Henry Robert 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: 45 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: Belle Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22, 1876

7. AGE: Years 60 — Months 11 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Cleveland Ohio

FATHER

13. NAME: John Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

MOTHER

15. MAIDEN NAME: Belle Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

17. INFORMANT: Mrs. H. Robt Simpson
(ADDRESS): Milan Mo

18. BURIAL, CREMATION, OR REMOVAL: Oakwood Cem. DATE: July 11, 1937

19. UNDERTAKER: C. A. Stephens
(ADDRESS): Milan Mo.

20. FILED: Aug 6, 1937 Leo Hagan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to July 9, 1937. That saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset: not known

Other contributory causes of importance: 46

Name of operation: 0 — Date of:
What test confirmed diagnosis? 0 — 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) J. S. Montgomery, M. D.
(Address) Milan 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.