

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jackson 9

Burr

Fairmount

Registration District No.

Primary Registration District No.

(No.

398

5554

10023 Independence Rd

File No.

Registered No.

St.

34429

309

Ward)

2. FULL NAME

(a) Residence, No.

(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.

Mary F. Simpson

10023 Independence Rd

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

F.

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Alfred R. Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8-9-1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

35

58

1

9

OCCUPATION

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

Housewife

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)

Kentucky

13. NAME

Joseph F. Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

15. MAIDEN NAME

Joan Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT

(ADDRESS)

Alfred R. Simpson
10023 Independence Rd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ant. Washington

DATE

9-20-37

19. UNDERTAKER

(ADDRESS)

Geo. C. Carson
Independence, Mo

20. FILED

9-24-1937

F. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-18-1937

22. I HEREBY CERTIFY, That I attended deceased from

4/12

1937, to

9/18

1937.

I last saw her alive on

9/18

1937.

Death is said

to have occurred on the date stated above, at

10:50 Am.

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

Date of onset

Chronic Nephritis
" Myocarditis
Edema Renes

131

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical 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)

William
10307 Indep. Ave.

, M. D.

(Address)

10307 Indep. Ave.

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.

