

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.

OCT 25 1937

1. PLACE OF DEATH
 County Pike Registration District No. 689 File No. 35020
 Township Loufgala Primary Registration District No. 3033 Registered No. _____
 City Louisiana (No. Pike Co Hospital) St. _____ Ward _____
 2. FULL NAME Ralph Bertram Simpson Jr
 (a) Residence, No. Metropolis Ill. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertie Verna Gurley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1914
 7. AGE YEARS 23 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker
 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) 9/8/37 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis Ill

MOTHER 13. NAME R R Simpson

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

15. MAIDEN NAME Hazel Davis

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

17. INFORMANT (ADDRESS) R R Simpson Metropolis Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Metropolis Ill DATE 9/11 37

19. UNDERTAKER (ADDRESS) W P Payne Metropolis Ill

20. FILED 9-9 1937 J. H. Gurley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8 1937
 22. I HEREBY CERTIFY, That I attended deceased from 9-9 1937 to 9-8 1937
 I last saw him alive on 9-8 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Shock

Other contributory causes of importance: 1861
Fracture pelvis -
Fracture spine

Name of operation None Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9-8 1937
 Where did injury occur? Charlottesville Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry
 Manner of injury Fell object
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. H. Gurley Jr, M. D.
 (Address) Metropolis Mo

