

DEC 28 1937

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

Do not use this space.

1. PLACE OF BIRTH

County St. ClairRegistration District No. 761Township AppletonPrimary Registration District No. 4456City Appleton City (No.)File No. 42317

Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 19375A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Simpson

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1934, to Nov 18, 1937Last saw her alive on Nov 17, 1937 Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1883

to have occurred on the date stated above, at m.

7. AGE YEARS 54 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

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

Tetany Convulsions Date of onsetMorphine addictionCerebrum of Cereb. of cerebrum

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) Missouri13. NAME William F. McColley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Florence Taylor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Florence Bunch (ADDRESS) Mount rose mo18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City, Ind DATE Nov 21, 193719. UNDERTAKER (ADDRESS) Frank Lee Appleton City, Mo20. FILED Nov 27, 1937 A. A. Kenney Registrar.

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) A. L. Hancock, M. D.(Address) Appleton City, 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.

1926 3-21

1866 10-8

70 5-21

1937 3-20

1877 10-8

70 5-21