

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

3621
 Do not use this space.

1. PLACE OF DEATH
 (a) County Oregon Registration District No. 636
 (b) Township King Primary Registration District No. 5840 Registered No. 5
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Wilson Simpson Wilson Simpson,
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 - 1920
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Indo.

FATHER 13. NAME L. L. Simpson

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

MOTHER 15. MAIDEN NAME Jessie Jones

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

17. INFORMANT (ADDRESS) J. R. Simpson

18. BURIAL, CREMATION, OR REMOVAL PLACE Widener Co. DATE Jan. 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Fanning

20. FILED 2/9, 1938 Conochi Bailey Local Registrar. 5766

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 1934, to 6 1938

I last saw him alive on Jan. 27, 1937. Death is said to have occurred on the date stated above, at 1 P. M.

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

Multiple Neuritis

Date of onset 1938

Other contributory causes of importance: 870

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

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) W. H. Nelson, M. D.

(Address) Alton Indo

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)