

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.

REC'D MAY 17 1938

15300

1. PLACE OF DEATH  
 County Miller Registration District No. 564  
 Township Equality Primary Registration District No. 5758  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leona Simpson 512  
 (a) Residence, No. Cooper Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Jackson (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. in county home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for years & years  
 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) Eugene RR. Miller Co. Mo.

MOTHER  
 13. NAME C. M. Simpson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo. ?  
 15. MAIDEN NAME Payne  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo. ?

FATHER  
 17. INFORMANT Milton Cooper  
 (ADDRESS) Co. Home, Suckumbea  
 18. BURIAL, CREMATION, OR REMOVAL Edgeville cemetery  
 PLACE Eugene RR. DATE April 7 1938

19. UNDERTAKER M. Cooper, Co. Home  
 (ADDRESS) Suckumbea, Mo.

20. FILED April 7 1938 L. M. Garner  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to April 6, 1938  
 I last saw her alive on April 5, 1938. Death is said to have occurred on the date stated above, at 6<sup>th</sup> m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of intestines 1937  
46  
 Other contributory causes of importance:  
Cirrhosis of liver? or maybe a cancer metastasis to liver causing edema & anasarca

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Lynn M. Garner, M. D.  
 (Address) Jackson, Mo.

