

REC'D FEB 6 1939

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

Do not use this space.

Copied
-2391

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(No.

St.

Ward.

How long in U. S., if of foreign birth?

St.

Ward)

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

Melvia Simpson

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

Jan 10 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

52

11-

23

OCCUPATION

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

Farmer

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)

Sullivan Co Mo

MOTHER FATHER

13. NAME

Thomas Simpson

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

Penn

15. MAIDEN NAME

Mary Ann Weston

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

Penn

17. INFORMANT

Mrs Melvia Simpson

(ADDRESS)

925 Kumbler St Irreston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Johnson Town Cem. DATE Jan 4, 1939

19. UNDERTAKER

(ADDRESS)

O. K. Rainey Son
Galt Mo

20. FILED

1-4

1939

Irene D. Fair

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 3

1939

22. I HEREBY CERTIFY, That I attended deceased from

28 Dec

1938, to

2 January, 1939

I last saw him alive on

2 January 1939

Death is said

to have occurred on the date stated above, at 12:20 A.M.

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

Date of onset

Bronche Pneumonia
followed by Influenza
92 W
8 days

Other contributory causes of importance:

Bronchial Asthma
& Mitral Insuff.
several years

Name of operation

None

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

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) E. G. Duffy M.D.

(Address) Irreston Mo

300

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.

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