REC'D FEB 11 1939

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

3127
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township James Bayou
(c) City Dorena
Registration District No. 566 1051 5768
Primary Registration District No. 5762
Registered No. 12
(d) Street No. ..... St.
(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 yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 12

2. PRINT FULL NAME Willie Simpkins
(a) Residence, No. Mississippi Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 23-39
7. AGE: Years | Months | Days: 4 | If LESS than 1 day, ...hrs. or ....min.

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.: Infant
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): Dorena Mo

FATHER
13. NAME: George Simpkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Arkansas

MOTHER
15. MAIDEN NAME: Hattie Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Arkansas

17. INFORMANT (ADDRESS): George Simpkins Dorena Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE 1/27 39

19. FUNERAL DIRECTOR (NAME) Frank Lair Funeral Service
(ADDRESS) Charleston Mo

20. FILED 1-28- 19 39 - T. D. Dunn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/ 1934 330 am

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

I did not see deceased but from history received I presume baby was having convulsions probably due to gastro-

Date of onset

Other contributory causes of importance:
Intestinal disturbance
1/27/39

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 I do not believe so
(Signed) Geo. W. Whitaker M. D.
(Address) East Prairie Mo

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

3127
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi Registration District No. 1051
(b) Township James Bayou Primary Registration District No. 5768 Registered No. 12
(c) City ..... (d) Street No. ..... St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Simpkins
(a) Residence, No. Mississippi co St. ☐ .....
(Usual place of abode, if no street address, write county or city) (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) mf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 23 - 39

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

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.
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) Mo

FATHER
13. NAME Geo. Simpkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark

MOTHER
15. MAIDEN NAME Hattie Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark

17. INFORMANT (ADDRESS) Geo. Simpkins Dorene Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 1/27 1939

19. FUNERAL DIRECTOR (ADDRESS) Frank Lair Funeral Remarks Charleston Mo

20. FILED 3-1 1939 Mrs Dallas Powers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
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I did not see deceased but from History I presume the baby was having convulsions probably due to gastro-enteritis 1/27/39
Date of onset
Other contributory causes of importance:
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? .....
If so, specify .....
(Signed) Geo. W. Whitaker, M. D.
(Address) East Prairie Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY FILLED IN AS DIRECTED BY LAW.

ROUTE NO. 1

SUPPLEMENTARY