WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cooper 2
Township Clarks Fork 1
City ..... (No. ..... St. ..... Ward)

Registration District No. 218
Primary Registration District No. 5307

File No. 10613
Registered No. 35

2. FULL NAME 512 Orenard Celestian Simpson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX: Male
4. COLOR OR RACE: white
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) Nov 29 - 1885

7. AGE: YEARS 53 | MONTHS 3 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Illinois 1

FATHER
13. NAME John Simpson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER
15. MAIDEN NAME Ada Boyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) W. T. Simpson Prairie Home Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pisgah Cem. DATE 3 - 6 1939

19. UNDERTAKER (ADDRESS) C. Albert Hornbeck Prairie Home Mo

20. FILED 3-4 1939 D E Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 - 3, 1939 to 3 - 4, 1939
I last saw him alive on 3 - 3, 1939 Death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/30/39
11 a	
Other contributory causes of importance:	
Influenza	2/25/39

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? NO
If so, specify .....
(Signed) A L Meredith 1, M. D.
197 (Address) Prairie Home Mo

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 4/7/39