

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

22851
 Do not use this space.

REC'D JUL 18 1939

1. PLACE OF DEATH

(a) County Oregon Registration District No. Q34
 (b) Township King Primary Registration District No. 5840
 (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

(a) Residence, No. 512 Shirley Ann Simpson St. Wilderness, Mo.
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1937
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 4 11

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) Wilderness
 (STATE OR COUNTRY) Oregon Co. Mo.

13. NAME Nosca Lee Simpson

14. BIRTHPLACE (CITY OR TOWN) Wilderness
 (STATE OR COUNTRY) Oregon Co. Mo.

15. MAIDEN NAME Lila Neal

16. BIRTHPLACE (CITY OR TOWN) Oregon Co. Mo
 (STATE OR COUNTRY)

17. INFORMANT Jacob Simpson
 (ADDRESS) Wilderness, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wilderness Cem. DATE 6-21-1939

19. FUNERAL DIRECTOR (NAME) Jas. Simpson
 (ADDRESS) Wilderness, Mo.

20. FILED 7/5 1939 Emmett Bailey
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1939, to June 21st, 1939
 I last saw him alive on June 20th, 1939. Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Diarrhoea and Enteritis

Other contributory causes of importance: Hate
120 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violent), 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 _____ 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) J. W. Cotton, M. D.
Van Buren Mo. (Address)

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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THIS IS A PERMANENT RECORD

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 comply with the above constitutes grounds for revocation of license.)

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