REC'D SEP 14 1939

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

29423
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Jasper
(b) Township Galena
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2002 Registered No.
(d) Street No. 1010 West Third St. 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. 7 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lester D. Simpson
(a) Residence, No. 1010 W. 3rd St. 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: 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) Jan. 10, 1939

7. AGE: Years 0 | Months 7 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NO OCCUPATION
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) Joplin
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Hobert Simpson
14. BIRTHPLACE (CITY OR TOWN) Dade County
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Hessie Michael
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Alabama

17. INFORMANT Hobert Simpson
(ADDRESS) Joplin, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Osborn Memorial DATE 8-23-39, 19

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon
(ADDRESS) Joplin, Missouri

20. FILED 8-23, 1939 Ed D Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/19/39, 19, to 8/20/39, 19
I last saw him alive on 8/19/39, 19. Death is said to have occurred on the date stated above, at 4:50 AM
The principal cause of death and related causes of importance were as follows:

enteritis (acute) — Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? visual 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) [illegible] M.D.
(Address) 331 Grace Bldg. Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 939-1809
Date Filed SEP 7 1939

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 Don Tetrick

Licensed Embalmer No. 4068

P. O. Address Joplin, Mo

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.