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.

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

Do not use this space.

20678

1. PLACE OF DEATH U.S.V.H.#67

County Jackson — Registration District No. 393 — File No.

Township Raw — Primary Registration District No. 1 — Registered No. 2557

City Kansas City, Mo. (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME Simpson, Edward Shelby — Sp. Amer. War Vet.

(a) Residence. No. 1628 Norton St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Kansas City, Missouri. 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) March 8, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
59	3	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vibard, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER G.R.Simpson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Jennie B Shelby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Jennie B Simpson (Address) 1628 Norton

15. FILED 6/12, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1927 to June 10, 1928 that I last saw him alive on June 10, 1928 and that death occurred, on the date stated above, at 12:50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis.

34

42 H

42 I

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Neurosyphilis-Hemiplegia right (duration) yrs. mos. ds.

38

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Serological & Neurological

R.C.R. (Signed) W.E.Chambers, M. D

6/11/28 (Address) W.E.CHAMBERS, Medical Officer in Charge U.S.V.Hospital, Kansas City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cemetery — DATE OF BURIAL: June 10 28

20. UNDERTAKER: A. J. DEHNER MORTU[illegible] — ADDRESS: City