

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

Do not use this space.

104

1. PLACE OF DEATH

County Butler
Township Mt Pleasant
City (No.) (St.) (Ward)

Registration District No. 50
Primary Registration District No. 5074

File No. 3
Registered No.

2. FULL NAME Charles Edward Simpson

(a) Residence. No. St. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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) Jan. 30 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 11 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bates County
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. A. Simpson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bates Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Francis Pracher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bates Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas. A. Simpson
(Address) Butler, Mo.

15. FILED 1/2 1930 Nina L. Culver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1930 to Jan. 11th 1930 that I last saw him alive on Jan. 11th 1930, and that death occurred, on the date stated above, at 12:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningococcus Meningitis
18 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Not known. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID RN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) L. D. Lathue, M. D.

1111, 1930 (Address) Butler, 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 Dale Hill DATE OF BURIAL Jan. 12 1930
20. UNDERTAKER Culver ADDRESS Butler, Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1930

