

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

Do not use this space.

15050

MAY 27 1931

1. PLACE OF DEATH

County New Madrid
Township Gilbourn
City Gilbourn (No. _____)

Registration District No. 274
Primary Registration District No. 4063

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Ers. W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27-1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lanora Simpson

17. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1931, to Apr 27, 1931 that I last saw h. — alive on Apr 27, 1931 and that death occurred, on the date stated above, at 6 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-9-1865

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 5 16

accidental - struck by falling limb of tree while working in timber 1943 (duration) yrs. mos. 6 ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Day Labour (b) General nature of industry, business, or establishment in which employed (or employer) 2nd (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Lobar Pneumonia (duration) yrs. mos. 2 ds.

9. BIRTHPLACE (CITY OR TOWN) Stoddard Co, Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH (1)

10. NAME OF FATHER John Simpson

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

20. WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) E E Jones, M. D.

12. MAIDEN NAME OF MOTHER Martha Davis 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spain (STATE OR COUNTRY)

(Address) Gilbourn Mo

14. INFORMANT Lola Messelrodt (Address) Gilbourn Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Litton Cem DATE OF BURIAL 4-29-1931

15. FILED Apr 28 1931 E. E. Jones REGISTRAR

20. UNDERTAKER Labille ADDRESS Gilbourn Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 28 1957