

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

Do not use this space.

17262

1. PLACE OF DEATH

County Caldwell

Registration District No. 98

Township

Primary Registration District No. 4060

City Kingston

(No. _____)

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME Sirredia Ellen 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

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Charles Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 12 1865

7. AGE

YEARS 65

MONTHS 7

DAYS 25

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY)

Kentucky

FATHER

13. NAME

Nestrickal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Mrs. Ruby Bell Kingston Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kingston Cemetery 5-19-1931

19. UNDERTAKER (ADDRESS)

Reed + Clark Kingston Mo.

20. FILED

June 4, 1931 Mrs. F. Gartaide Registrar.

MEDICAL CERTIFICATE OF DEATH

D

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1931

22. I HEREBY CERTIFY That I attended deceased from May 16th, 1931, to May 17th, 1931

I last saw her alive on May 17th, 1931. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset About May 16 1931

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) W. J. Shouse, M. D.

(Address) Kingston, Mo.

Every item of information should be carefully supplied. **DO NOT SIGN** unless you are a **PHYSICIAN** or a **STATE** **CAUSE OF DEATH** in plain terms, so that it may be properly classified. Exact statement of **OCCUPATION** is very important.

JUN 24 1931

