

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

Do not use this space.

41001

1. PLACE OF DEATH

County Jackson Registration District No. 31 File No. 4099
 Township Kaw Primary Registration District No. 106 Registered No. 4099
 City Kansas City, Mo. (No. 3802 East 36th St. St. _____ Ward)

2. FULL NAME Sallie Holden Simpson

(a) Residence, No. 3802 East 36th St. St. 16 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 7

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

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) Indiana

13. NAME Wm. Holden

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

15. MAIDEN NAME Nancie Yelton,

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

17. INFORMANT Mrs. H. S. McCreery
 (ADDRESS) 3802 East 36th St.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 12-17-31

19. UNDERTAKER R.V. Lindsey & Sons, Inc.
 (ADDRESS) K.C. Mo.

20. FILED 12/16 1931 M. M. Perow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Dec 14, 1931.

I last saw him alive on Dec 14, 1931. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Branchial Pneumonia Date of onset Dec 12, 1931

93C
1011-930

Other contributory causes of importance: Chr. Myocarditis 1924

Name of operation none Date of _____

What test confirmed diagnosis? Chromic Had 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? _____

If so, specify (Signed) John J. Lewis
 (Address) 3046 Indiana

Dr. John R. Sevin 3548 Anderson

1958

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