79

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

Do not use this space.
12132

1. PLACE OF DEATH
County: Vernon
Township: Walker
City: Nevada (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 65

2. FULL NAME: Wm. Harding Simpson
(a) Residence, No. Hale Hosp #3 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 9 mos. 6 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Jane Simpson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 1857
7. AGE: Years 75 Months 6 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer & Miner
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): Illinois

FATHER
13. NAME: Alexander Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: ——
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ——

17. INFORMANT: Lucia Simpson
(ADDRESS) Crowe Mo. R 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City Mo DATE Mar. 3d, 1933
19. UNDERTAKER: Marsh Eichinger
(ADDRESS) Nevada Mo.
20. FILED 3-14, 1933 E. R. Thus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Mar 1, 1933
I last saw him alive on Mar 1, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3d.
10 7 11	
5 5 10 7 11	

Other contributory causes of importance:
Goitre

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Lawrence L. Cooper, M. D.
(Address) Nevada, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD