

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. 1934

Simpson

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

Do not use this space.

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1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Early Apts #7 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. 73 mos. 10 ds. 17 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1859</u>		
7. AGE YEARS MONTHS DAYS <u>74 6 3</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Lincoln Co., Mo.</u>		
13. NAME <u>Joseph's wells</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Banks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>		
17. INFORMANT (ADDRESS) <u>Mrs A. D. Donner</u> <u>300 Pine Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin Grove</u> DATE <u>Jan 10, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Yorker F. Co Thos M. Perry</u> <u>Columbia, Mo.</u>		
20. FILED <u>1/27, 1934</u> <u>Allie Selby</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Jan 7th, 1934

I last saw her alive on Jan 7th, 1934 Death is said to have occurred on the date stated above, at 5 A. M.

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

Mitral Regurgitation (chronic myocarditis) Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Lloyd Simpson M. D.
 (Address) Columbia, Mo.

