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.

DEC 3 1936

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

Do not use this space.

31875-a

1. PLACE OF DEATH

County Pemiscot — Registration District No. 651 — File No.

Township — Primary Registration District No. 4388 — Registered No. 115

City Caruthersville (No. , St. Ward)

2. FULL NAME Jewel P Simpson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-19-1920

7. AGE: YEARS 16 — MONTHS 6 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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): Boydsville Ark.

FATHER

13. NAME: Albert M Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER

15. MAIDEN NAME: Bertha H. Story
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomfield Mo.

17. INFORMANT (ADDRESS): Bertha H. Simpson, Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rector Ark. DATE: 8-20, 1936

19. UNDERTAKER (ADDRESS): German Und. Co. Steele, Mo.

20. FILED: Oct. 23, 1936 Ada Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to Aug 19, 1936
I last saw her alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	

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? .....
If so, specify .....
(Signed) James P. Vickrey, M. D.
(Address) Steele, Mo.