

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1936

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

Do not use this space.

40832

1. PLACE OF DEATH

County Daviess
Township Sheridan
City (No. _____) _____ St. _____ Ward _____

Registration District No. 247
Primary Registration District No. 524

File No. _____
Registered No. _____

2. FULL NAME Ida May Simpson

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

Length of residence in city or town where death occurred yrs. mos. 21 ds. 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. B. Simpson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1936</u>	

12. BIRTHPLACE (CITY OR TOWN) Logansport
(STATE OR COUNTRY) Indiana

13. NAME John B. Lewis

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

15. MAIDEN NAME Sprague

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

17. INFORMANT Mrs. Chas. Bennett
(ADDRESS) 722 Yellowstone, Casper, Wyo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gallatin, Mo. DATE Nov. 27, 1936

19. UNDERTAKER Hope Furn. & U. dt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 12-5-36 Wm. J. Keen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1936, to Nov. 24, 1936
I last saw her alive on Nov. 24, 1936 Death is said to have occurred on the date stated above, at 12 noon

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

Chronic Myocarditis Date of onset _____
Chronic Bronchitis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chrom. 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) Floyd H. Nelson, M. D.
(Address) Gallatin, Mo.

