

REC'D JUN 14 1938

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

17758

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
 (b) Township _____ Primary Registration District No. 1001 Registered No. 534
 (c) City St. Joseph (d) Street No. 2842 Patee St., St. Joseph, Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Eva Simpson 512

(a) Residence, No. 2842 Patee St., St. Joseph, Mo. St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 10 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as 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) Petersburg 1
 (STATE OR COUNTRY) Illinois 4

13. NAME Henry Sykes
 14. BIRTHPLACE (CITY OR TOWN) Unknown 4
 (STATE OR COUNTRY) England

15. MAIDEN NAME Sarah Age
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) England

17. INFORMANT Mrs. Martha Piech
 (ADDRESS) 2842 Patee St., St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Mora Cemetery DATE May 20, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer
 (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED 5-20 1938 W. Stettin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to May 17, 1938
 I last saw h. or alive on May 17, 1938 Death is said

to have occurred on the date stated above, at 8:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Stroke & pop. leg Date of onset 4 days

Other contributory causes of importance: 82 wtHypertension

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) Clara W. Craig, M. D.
 (Address) Kirkpatrick Bldg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Wilbur H. Kelly

Licensed Embalmer No.

Mo #3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)